Considerations
BEARING ON
OUR PRESENT KNOWLEDGE OF FEVER.

A First Lecture.

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GENTLEMEN,—In pursuance of the usual course, I have now, by what is rather an abrupt change, to turn your attention to the subject of Fevers. I conceive that a lecturer professing to teach the principles and practice of medicine must, when his subject is fever, proceed to explain to the class what fever is from the point of view first of principles, then of practice. Speaking now very generally, I suppose that principles must here mean a consideration of what fever is in itself, and practice must mean what you will do with fever when you meet it.

Taking the principles first, our question becomes, What is a fever? Well, then, what *is* a fever? As I do not know sufficiently well to say offhand, I thought it best to look in a book, and I chose what I regard as the best recent work on medicine. In it I find the esteemed and accomplished author saying, "By the term fever is meant that abstract condition which is common to all so-called febrile disorders, and the presence of which gives them claim to that designation." Now I am always a little timid when dealing with anything that deliberately calls itself abstract, and I am ready to confess to you that I feel myself very insecure in abstract questions. There is an un-English lucidity—I might almost say an alien pellucidity—about them which estranges them from one's practical middle-class mind; so that, indeed, it is necessary for me to form a habit of familiarising abstractions to that mind by clothing them in some concrete form, or at least by paralleling any puzzling ones with others better known to me. Let us do so in this case, and instead of fever suppose we put *heat*. We shall then perhaps get an idea as to how far our inquiry "What is fever?" is advanced by the definition I have quoted to you. Let us ask, What is heat? and answer in parallel terms: "By the term heat is meant that abstract condition which is common to all hot things, and the presence of which gives them claim to that designation." But really when I look at this definition I am afraid your physical philosophy will not be much enriched by such a piece of information.

Well, but what in its own nature is a fever? Be patient with me. Half the answer is often obtained, and the other half commanded, by asking the question rightly. Again, then, let us try the compass of the question as we just now tried the value of an answer by paralleling it in a better-known field of inquiry. Suppose we ask, What in its own nature is a horse? Now, you would not say, "By the term horse is meant the abstract condition common to all equine animals, and the presence of which gives them claim to that designation," for you will see that that really involves a fallacy. As other animals than the horse are equine, just as we shall presently see that other diseases than fever are febrile. Well, from the point of view of such unlimitedly general principles as would touch the nature of the things dealt with, What is the nature of a horse or of a fever? I must answer you that, in truth, we do not know the nature of anything in itself; we do not know the nature of our own bodies, nor even the nature of our own minds. In fact, we do not know what nature is. It is a growing, and we no more know how it comes about that our bones grow than the old ecclesiast did. Our language cannot fit itself to the processes and results of nature or growing. All we do is not nature, but fabric. And our readings of nature are in language of fabric; even when they are not unconscious fabrications. The laws, or, as Bacon termed them, "forms" of unliving things, are perfectly expressed by the language of science, which follows their *a posteriori* progression with measure and rule. But the laws or forms of living things are not *a posteriori* causes, but *a priori* reasons for existence. So that, if I may so speak, dead nature exists *a posteriori*, but living nature *a priori*. And human language must in some sort be read backwards if we are to catch the meaning of the life of living things. The genius of Darwin has left us a formula which works somewhat like the integral calculus works, so that by its means reasoning belonging to straight line *a posteriori* nature is turned at an infinitude of little tangents, and so fitted to the immeasurable, unknowable curved lines of the forms of *a priori* living nature. But we must beware, lest with the aid of this powerful theory of natural selection we find ourselves contentedly reasoning in circles. This is not one of my easy ideas, and lest it should be too pellucid I will proceed to clothe it in a concrete form, and ask you to observe how, even in your simplest readings of nature, even in the description of the simplest anatomical facts the discrepancy between the nature process and the mental process at once appears in its primitive simplicity. Thus you say the biceps muscle arises from the scapula and is inserted into the radius; but, in fact, the biceps muscle grows in its place, and grows in continuity with the scapula and radius, and it never arose from the one or stood in a past participle relation of the verb to insert as regards the other. You cannot conceive how it really comes about that the continuity of bone and tendon and muscle grows into being, and when you proceed to state a history of it you can only do so in such terms as your mind and its language are capable of, and so you speak as if the growing of it were much the same thing as your making of it would be, and talk as if you, or somebody like you, had made first a scapula and then sprung a biceps from it, and afterwards fastened it on to the radius.

Thus, it is true that in dealing with living nature our language tends to put us mentally athwart the facts of the case, even as concerns things that you can realise and handle, like the biceps muscle. But inasmuch as what we have to know of and to do with the biceps is comparatively simple, we are not led into any practical inconveniences, for the biceps, capable of that measurement which constitutes science, is there before your eyes, to keep you steady and prevent your imagination from playing its tricks. But our question is of the nature of a fever. And we find our last new book on medicine defining fever as an abstract condition which gives claim to a designation; and you will at once see that a thing of that kind is not so easily got hold of as the biceps. And I am saying all this so that we may understand each other as to the proper character and the limits of our inquiry; and not carry it too far, lest we should feel dissatisfied because we cannot know of fever what we do not know of the biceps, and that we may not lose ourselves in wandering after questions as to the nature of fever, such as could not be answered regarding the most tangible and ponderable living objects.

We begin, then, if you please, with the clear knowledge that we cannot know the nature of fever, and so we will not ask it. We must, then, resign so much of what we, in the most general view, may seem to profess in the term principles of medicine.

But it is now time that we take up a more positive position and endeavour to learn what the principles of medicine in relation to fever really are. Yet it may be well to quite clear up this word "principle," lest it should contain anything vague and pretentious. The word "principle" is very ambiguous in its signification; you find it in the sphere of morals with the most noble absoluteness of meaning in the whole range of language—as when you say "a man of principle." And there are sciences in which the principles are abstract and absolute, as in the case of mathematics. And thus the term "principle" assumes to us, since we all have been taught morals and have learnt mathematics, an absoluteness coming from our prior experience of its use; so that the word "principle" claims to express an absolute masterfulness of obligation. And in expounding the principles of medicine with regard to fever, we naturally look for some general principles about fever whose obligation is absolute, and masterful, and commanding. But, in truth, it must be confessed that when we come to deal with the facts of living nature, we are obliged to let go the commanding style in any application of the word "principle." In short, we have to seek for our principles patiently and laboriously amongst the facts of the cases. And, indeed, we have to find our principles amongst the facts, and we have to be content with the most commonly and generally recognisable facts and consider them our principles. Thus in physical science, and especially in the physical science of living things, the greater and more absolute

significance of the word "principle" fades away, and principles are selected from the dust of facts, and when the science is of living nature, sometimes of somewhat fuliginous facts. Perhaps it is as well that we should note this change in the connotation of the word "principle" in an age which, listening to its great eloquent biologists, and eloquent physiologists would teach its boarding-school girls their principles from the physiology books. As if to try, in our remote civilisation, the social force of that principle whose invention and advocacy proved so dangerous to Socrates, "virtue is a knowing." Some watch must indeed be kept lest the dusty signification of principle in physical science should quite take the place of that originally pure idea of principle which made man human. Of course if the only object of teaching is knowing, and the only object of education the expansion of the knowing machinery, then it may not much matter what you teach, and, perhaps, the more that is known the better. And as leading biologists are enthusiastically anxious to have what they themselves know used as a pattern on the minds of the young, and as unlucid middle-class fathers have a dimly lighted reverence for knowledge they do not possess, and a worthy ambition for their offspring to be better scholars than themselves, these fathers send their children to take pattern of the biologist without themselves quite knowing what it all amounts to, and the modern biologist in his full accomplishment makes such a good picture. But, then, it is not a good picture, but a good pattern, that you want, if you are going to take copies, and a good picture is not always a good pattern; and to estimate the goodness of a teaching you have to go not by the graceful refinement which embellishes what is taught, but by the rough and, perhaps, rude imprint which will be received by the minds of some vulgar young creatures incapable of refinement but very capable of physiology.

Ay, and what a world it will be "in the coming by-and-by" when there is a little more too much of this comely creation of physiology. Indeed, I was tempted not many mornings ago to ask a question which in truth it would need a great shock to force upon my mind. The question whether the spread of biological science can have so increased even to our highest clergy the comparative importance of this sublunary bodily life that the minutest corporeal details of them should be found in the columns of the daily press, so that, for instance, you could not touch your penny paper without finding close to the leaders a full medical description of the profoundest and most cloakworthy secrets of the organisation of your revered archbishop set out in rather large type. Nay, if I may so speak, without having his renal secretions running upon the columns of your *Standard* until you were obliged to drop it from your fingers to finish your breakfast.

But to return from this digression to the principles of medicine with regard to fever. Principles, I say, in physical science are merely the most generally realisable facts, the most certainly and constantly realisable facts, and general principles are facts from which other less general facts are found to depend. And now I shall digress again, for if principles depend upon facts it is very important that these facts should be what are commonly called real facts, an expression which, as it infers the practical recognition of unreal facts, may serve a significant purpose. For since principles are merely general facts, where shall we go if our very principles should prove to be unreal facts, as they have in the history of our wandering art so often been, though, of course, not now? I do not mean that there is any doubt of our principles now; but we must really beware in physiology of unreal facts.

The beauty of modern physiology is that it does try hard to beware of unreal facts; and the conduct of physiological inquiry is in such able hands, and guided by such clear heads, that the danger of unreal facts is at its minimum. Surely, this is the case when men like Burdon-Sanderson and Lauder Brunton represent the prevailing spirit of physiological inquiry. No better questioners of nature ever lived. But this goodness of their questioning is unhappily irrelative to any value in their answering, and we may see why of necessity this must be so. Their clear heads keep them to the asking of such questions as can be answered, and they are unsparing of effort whilst labouring for the answers, in spite of undeserved public odium. And, indeed, the future of physiology lies in the pursuit of answerable questions; but, alas! for the practical usefulness of the science that is compelled to choose its questions without regard to the value of its answers. True it is that pure science is noble, and feels its nobility with a just pride. Have I not heard of a mathematical club whose toast is, "Pure mathematics, and may they never be of any use to anyone"? Perhaps, too, we may have a physiological club, with a like warmth-of-ardour toast, and if so the hope may seem in progress of achievement; for, led by their questions, the ablest inquirers are but increasing the pile of unwanted answers. The tree of physiology is full of fruit nowadays; but, of course, it bears only such fruit as it can bear, and tries to ripen in the very tepid sunshine that surrounds it.

I trust your clinical digestion will not be spoilt with the sound, but unripe, fruits of physiology. I beg you will not think that I am speaking against physiology. Having, however, just escaped from the chair of materia medica, and so become a disinterested person, I may be allowed a *tu quoque* against the great aggressive modern science, whose arch-teachers would give you no time to learn your drugs so that you should share their noble knowledge of snails. But intensifying the knowledge of a thing does not increase the real value of the thing known, which, if petty, is still petty, however scrutinised. I think some one should protest from a chair of Medicine against those who darken counsel with the dust of their knowledge; who invade your limited time with accounts of artificial diseases which, like those artificial serpents of Pharaoh's magicians, have all but the spontaneity which characterises life. But what do the physiologists care for life? when life is to them nothing but the declension and conjugation of protoplasm—truly, in a vast confusion of tenses. So that the life indeed becomes to the physiologist even less than meat; a mere epiphenomenon of meat. I speak thus boldly because I am here to tell you that the principles of medicine are general clinical facts, and its practice requires you to be strictly utilitarian in your medical philosophy. In short, to employ again an analogy I used before, I have to find the calculus which will follow the curve round from mere fact truth to usefulness; and these may be at a tangent one to the other. But we in our pursuit of the principles of medicine in regard to fever—that is, in the pursuit of the most general facts of the human fevers, we are at a great disadvantage as compared with the experimental physiologists; for, whilst Dr. Burdon-Sanderson can always compose the bases of his experiments, and so be sure of real, if of useless, facts, we of the principles of fever have to watch for our facts when they chance to appear, and very often we have to watch long; so that our progress is apt to be like the progress of astronomical science with regard to such heavenly bodies as only appear occasionally, like comets and meteors; and we may observe that astronomers have somewhat speculative views about those bodies.

The course of a long life will give you but insufficient opportunities of observing the general facts of many diseases. And you must begin early. We may now thank the College of Physicians for having given you six months' medical ward work instead of the miserable allowance of three, which scarcely enabled you to learn the medical use of your senses. You cannot begin too early. You have heard of Hippocrates; he wrote a book in which he put down his clinical observations, and I hope you will learn to place a high value on that book. But if you do not get beyond his first observation, he will do you good if you take that observation well to heart. The first observation he thinks a clinical observer should make is this, "life is short." This truth thus sounds to us from the most distant past, and will reach into a future we shall not reach. It is the first truth the clinical observer hears spoken to him by his most ancient predecessor, and the Royal College of Physicians suggestively wears it on its escutcheon. Do not forget it. The reason why it is so important is that you have to take advantage of chance repetition in order to compare one disease with another. So go and see as many good cases as you can in the wards.

All the great clinical observers began early to observe. This is true of Sydenham, and the first Jenner, of Bright, of Addison, and of Hilton, and amongst those living now. It is true of the Jenner who still adds lustre to a great name, and of Owen Rees, Gull, Hutchinson, Wilks, and of all earnest clinical observers. For you study an art wherein you cannot go when you wish to look at the objects of your study, but as to which you must keep your eyes about you, that you may see things when they chance to appear, and each man amongst you must obtain the greatest possible amount of direct experience of these principles or general

facts. For in dealing with real things, and especially in interfering with the health, even if it be the grossly bad health of other persons, we must have a direct grasp of our principles, and this I have shown you to be the same thing as to have a direct knowledge of the general facts, so that what we say may be as little as possible second-hand, for to get in the habit of speaking or acting at second-hand is to lose the power of meaning, and the value of a doctor varies according to what he can himself mean to do, and do. And when you say a thing at second-hand you do not quite mean *it*. Of course, when you say a thing is, you mean that it is. But if you have not seen that it is, your meaning that "it is" is necessarily less directly grounded. And, in fact, if you say a thing is, and mean it all you can from hearsay knowledge, your "is" comes—as the hearsay is more distant—to be really worth no more than its value as a copula in an abstract proposition, such as the "is" in the statement that "a griffin is a dragon with wings." The value of the copula varies as the directness of the utterer's knowledge. You can only mean when you know and believe, and from this digression I wish to lead you back with a firmer grasp of the greatest truth a young medical mind can inform itself upon. The great truth, that inasmuch as your future is of value to others in proportion as you can mean to do and mean to say, and inasmuch as you can have no proper meaning from indirect knowledge, you must know the principles or general facts of your art at first hand and for yourself.

Our question has now transformed into, What are the general facts common to the several kinds of fevers? Now, I am really afraid that you will accuse me of deliberately drawing you aside into obscure questions whenever we approach a clear one; but though I am speaking to very various minds, various in capacity and tendency, some of which will think I am talking nonsense, and others will think that there is much more of profundity and importance than there really is in it all, yet I must follow my own judgment of what is needful, and ask you now to consider, in an abstract way, What do you mean by a kind of fever? This word kind is so constantly employed by every one of us with variations in its import, that it is worth our while to clearly understand in what sense we may rightly use the word "kind" when speaking of a kind of fever, as compared, say, with the sense in which we use it when speaking of a kind of inflammation. It is well not to use this important word vaguely. Shall I tell you a little anecdote to impress one of its possibly clear significations on your memory? The anecdote involves, I regret to say, a confession; but it was in the days when I was young, and not under proper self-control. I chanced to be placed, for the purpose of tuition, with a gentleman of an entomological turn of taste. The delight of this gentleman in discovering a new fly inspired my always sympathetic nature with the wish to afford him such a gratification. But new kinds of flies could not always be found, especially flies new to him, so one very hot afternoon it struck me to give him his favourite pleasure by a somewhat indirect and factitious proceeding. Inspired with this purpose, I caught a large housefly and rolled it carefully in the carmine powder and set it free, taking care that it was well within sight of my instructor. The fly was seen, and I do not think I ever witnessed such eagerness of pursuit. The day, as I said, was hot, and the fly was lively, so that my instructor, and I at second-hand, had good sport. When the insect was at length captured, I may tell you at once that, after handling the insect for a moment, my master concluded that it was not a distinct kind of fly; yet in the mere matter of colour it had as much ostensible claim to be considered a new kind as digitalis purpurea to be considered a distinct kind from digitalis alba. But the reason why he never thought of allowing the red fly to be a distinct kind was that he at once understood when he touched it how the fly came to be red, and, I am sorry to say, shrewdly guessed who made it so. Now if, instead of finding red powder on the fly, he had caught such a fly red in a manner he could not explain, he would have pinned it out on cork, and have called it "musca rubra," or something equivalent. What I want you to perceive is, that a usual and a true ground of distinction of kind is the existence of differences which you are unable to explain; and perhaps, indeed, that would be the only general philosophical ground for distinction of kind, were it not that with reference to living things another system of facts affords narrower and more special and proper grounds of distinction of kind. I mean in the power which living things have of reproducing their kind which power of reproduction is the basis of zoological and botanical distinctions of kind. But even amongst cattle breeders, who are most concerned in this question, the idea of kind belongs rather to resemblance than descent, as you may note from their speaking of a casually varying individual of a flock or herd as being out of kind.

(To be concluded.)

THE PATHOLOGY OF THE BLOOD IN INFLAMMATION.

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(Concluded from page 885.)

THE morphological origin of fibrin formation has been established by Dr. Norris. Of this he has afforded both positive and negative evidence; for he has photographed the invisible corpuscles in the act of becoming fibrin,[1] and he has also found that a pure filtrate of blood, containing no morphological elements, does not undergo coagulation.[2] According to Dr. Norris, the cells which become fibrin are the primary lymph cells, the invisible corpuscles (nuclei of the former), and the faintly visible undeveloped red corpuscles (a further development of the second). Partial confirmation of this origin of fibrin formation is adduced by Bizzozero, who ascribes the formation of fibrin to his blood-plates (primary lymph-corpuscle of Norris), and by M. Hayem, who ascribes the same formation to his so-called hæmatoblasts. But both these observers look upon their respective elements rather as determining centres of fibrin formation. That fibrin is present in the inflammatory exudation has been shown by Dr. Burdon-Sanderson, who states that in inflammation of the mesentery the fibrin can be seen on the surface of the membrane.[3] It being established, then, that fibrin is present in inflammatory exudation, and that fibrin is a rearrangement of cells and nuclei of the blood, it follows that in inflammation these fibrin-forming cells and nuclei migrate from the capillaries as well as the leucocytes, and this migration of fibrin-forming elements must be accompanied by an increase of their number in the blood, on the same principle that a migration of leucocytes determines an increase of leucocytes in the blood. The question arises, How are we to know that the fibrin-forming elements are in excess in the blood? Now, there can be little doubt that the hæmatoblasts described by M. Hayem are the granules caused by the disintegration of the undeveloped red corpuscles.[4] No one has seen these granules in the circulating blood, but they have always been observed in shed blood. Dr. Norris has shown that human blood examined on the cold stage of the microscope is free from these granules, while it contains them when examined under the ordinary temperature. This is pretty clear evidence that the granules can be formed after the blood is shed. But Dr. Norris has given positive evidence of their formation, for he has photographed the undeveloped red cells in the act of becoming disintegrated. The evidence afforded by micro-photography cannot be gainsaid. What cannot be discerned by the unaided microscope can be brought out by photography; therefore this kind of evidence is superior not only in that it reveals objects just as they really exist, but in that it discloses more of them. The fact that these granules are formed after the blood has been shed does not exclude the possibility that they may also be formed in the circulation under pathological conditions; indeed it seems very probable that this does actually take place sometimes, as evidenced by the enormous quantities of granules present in certain states. Whether, however, these granules be found in or out of the circulation, or, as is more probable, under both conditions, it is evident that they are formed from the undeveloped red corpuscles; hence we may fairly take the number of granules as an index of the number of undeveloped red cells, and, as these latter cells constitute one of the fibrin-forming group of cells, we may roughly

[1] The Physiology and Pathology of the Blood (Norris), plate xi.
[2] On the Invisible Corpuscles of Mammalian and Oviparous Blood, &c. THE LANCET, Sept 16th, 1882.
[3] Lumleian Lectures on Inflammation, 1882. Lecture I.
[4] The Physiology and Pathology of the Blood (Norris), section iv.

estimate the number of fibrin-forming elements in the blood by the number of granules present on the microscopical slide.

In acute large abscesses I have sometimes found the granules present in great abundance; at other times, though in excess of the normal, this excess has not been marked. I found in some cases of acute abscesses, where the excess of granules was marked, that after the abscess was opened the granules diminished in quantity, and after a time again increased. This fact is very interesting, as showing that the increase of the granules in inflammation is determined by two principles. In the first instance the determining cause is the same as that which obtained in the case of leucocytes—namely, a migration of fibrin-forming elements from the capillaries, and a consequent demand by the blood for more of these elements. It may be objected that as no fibrin is seen in pus, therefore there can be no migration of the above elements. Certainly if we examine pus from an abscess we do not find any fibrin in it, but then what about the pyogenic membrane? What is the pyogenic membrane? In the first place it may be remembered that Dr. Burdon-Sanderson has shown that inflammation is not "altered nutrition," as was once supposed, but that it is an "arrest of nutrition"; that it is not a constructive, but a destructive process.[5] This fact would seem to disprove the idea that the pyogenic membrane is a connective tissue formed during, and as a result of, the inflammatory action; and even supposing that it were a connective tissue, its expansion as the abscess increased in size could not be accounted for, as ordinary connective tissue is incapable of the expansion that would take place in a large increasing abscess. Moreover, if the pyogenic membrane were connective tissue, an abscess could not enlarge, for this tissue would prove an effectual barrier to the migration of leucocytes. The explanation must therefore be that the pyogenic membrane is formed by the fibrin-forming elements which have migrated from the bloodvessels, and become conglomerated together on the surface of the abscess; that it is, in fact, the analogue of the layer of fibrin seen on the inflamed mesenteric surface. In the same manner must be explained the formation of membrane on the inflamed pleura and pericardium. The fact that these membranes often become organised does not destroy the assumption that they are formed from altered elements which have migrated from the blood, for the organisation may be effected in the same way as Professor Hamilton describes the organisation of a sponge inserted in a wound—viz., by the bloodvessels of the serous membrane being pushed into the substance of the fibrin. Thus we can account for the increase of granules seen in the blood during the active period of abscess formation. When the abscess is opened tension is relieved, and migration is at least partially arrested, hence the decrease of granules in the blood at this stage. But the granules increase again, and this second increase I believe accords with the hæmatoblastic crisis of M. Hayem. M. Hayem has found (and his observations have been confirmed by M. Reyne) that about the time of the crisis of acute diseases these granules are increased in the blood, and their excess is ascribed to an effort of nature to repair the blood after the decrease is over.[6] The state of the system after the healing of an acute abscess is somewhat similar to its condition at the crisis of an acute disease. In either case there has been tissue destruction owing to the high temperature, and therefore in either case a reparation of the blood would be profitable. The reparation of the blood would naturally be effected by an increased discharge of blood elements into the circulation, and as these blood elements would consist of undeveloped red cells, and as moreover one of the stages of the undeveloped red cell disintegrates into granules after the blood is shed, therefore we can easily account for the increase of granules seen in the blood at this period. But the first increase of granules I hold to be determined by a different cause altogether—viz., by the migration of fibrin-forming elements, for this increase takes place during the active period of the inflammatory process, and therefore before the repairing influence comes into force. At the beginning of pneumonia, pleurisy, peritonitis, cystitis, laryngitis, and bronchitis I have found an increase of the granule, generally a slight one, and a larger increase I have noticed about the time of the subsidence of the disease. These two increases, running into one another and apparently one, I believe to be as distinct from each other as they are in the cases of acute large abscesses. The reason why the two increases appear to be only one is that the first is generally slight, and a decrease of it would not be easily noticed, and this holds good also for some cases of acute large abscess. But in those cases of acute large abscesses where the first increase is very marked after the knife has been inserted and tension relieved, the decrease of the granules becomes obvious, as does also the secondary increase which takes place later on. There appears to be thus two waves of increase of granules in the blood in acute inflammation—the first being the manifestation of the supply of fibrin-forming elements of the spleen and probably lymphatic glands consequent upon the demand made by the migration of these elements; the second a manifestation of the supply of blood-cells by the same organs consequent upon the demand made by the system to repair the blood after the disease is over.

In conclusion, I do not mean to infer that the leucocytes of the blood are only increased during the active period of inflammation. It is well known that they are increased in leucocythæmia and after severe hæmorrhage, and I have found them increased in yet other conditions. What these other conditions are have yet to be ascertained. I have not a sufficient number of cases to justify me in making any generalisation with regard to them, but I claim for the principle enunciated above an important place as an element in the diagnosis of inflammatory lesions, nor do I wish to state that the granules are only increased during the inflammatory process and at the crises of acute diseases. I have elsewhere endeavoured to show that causes which interfere with the development of the red cells give rise to an increase of the granules in the blood, the increase in these instances being due, not to an extra supply of cells by the blood-forming organs, but to an arrest of development, whereby a good many cells do not become fully hæmoglobinised red cells, and as a good many of these disintegrate into granules, therefore under these conditions we find the granules in the blood increased in quantity.

[5] Lumleian Lectures, 1882. Lecture I.

[6] Archives Générales de Médecine, Janvier, 1880, p. 123, Janvier, 1882, p. 104.

STONE IN THE BLADDER; RETENTION; SUPRA-PUBIC ASPIRATION; EXTRAVASATION; DEATH.

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W. L——, aged seventy-five years, came in as a prisoner on June 26th. He seemed a healthy, strong, well-nourished man, but stated that he had been troubled with gravel for the last ten years, and had to micturate every few minutes, night and day. Passed a No. 6 gum catheter, and found no stricture, but great enlargement of the prostate gland and irritability of the urethra. He applied every day at the surgery, and got a draught of solution of potash, hyoscyamus, and sweet spirits of nitre, which gave him considerable relief. About three ounces of slightly clouded urine were drawn off on July 8th, and tested with heat and nitric acid, but no albumen could be detected. On the 16th the symptoms were more urgent, and he was ordered, in addition to the usual draught, a hot hip-bath. On the 17th he was reported as having had diarrhœa the whole night. I found him very prostrate, and complaining of great pain over the pubes, and of being able to pass his urine only by drops. He had a hot bath, and was at once admitted into the infirmary, and the following is the entry in the case-book.

July 17th: Attacked with diarrhœa during the night; urethra very irritable, and bleeds freely when an instrument is introduced; No. 6 silver catheter was passed with difficulty, but there was no urine in the bladder; complains of pain in the lower part of the abdomen when manipulated, especially over the left iliac fossa; his penis is very painful when touched. Prescribed an astringent mixture, one ounce, to be repeated every hour if necessary, with hot fomentations to the abdomen and the perineum. Ordered four ounces of brandy with low diet, and one pint of beef-tea.—18th: Very restless during the night: passes water very frequently, an ounce at a time; diarrhœa checked; to repeat fomentations,

and have rice-water to drink, as he complains of thirst; tongue dry and furred.—19th: Slept better; bowels again troublesome during the night; he has less irritation of the bladder, but is feverish; his face is flushed, and he seems very restless and uneasy. Ordered astringent to be repeated, and poultices to be applied over the abdomen.—20th: Patient remains much the same; he passes his water by dribblets; he rests better at night, and his bowels are quiet; to continue treatment.—21st: Has passed no water since yesterday evening; on examination there was a large accumulation of urine in his bladder, extending as far as the umbilicus; attempted to pass a No. 6 silver catheter, but was stopped by prostate, which was found on examination to engage nearly the whole space of the outlet of the pelvis. 2 P.M.: Dr. Robinson kindly saw the case with me; after considerable difficulty we passed a prostatic catheter, but failed to draw off the urine; tried by injecting warm water to clear the catheter of clots, and also by fixing the nozzle of the aspirator to the catheter, but beyond the smell of decomposed urine nothing was sucked up; the catheter appeared as if wedged tightly in the bladder. 3.30 P.M.: All attempts to relieve the bladder per urethram having failed, we aspirated above the pubes, and only about one drachm of highly decomposed urine was drawn off.—22nd: Patient is in a very critical state; no urine has passed naturally for thirty-six hours; he has been partially delirious and very restless; towards morning his stomach became irritable; no change in the size of the abdominal tumour; has now got congestion of the base of both lungs. Dr. Robinson again saw the case with me.—23rd: The patient died at 5 P.M.

Mr. Henry Thompson, by order of the coroner, conducted the post-mortem examination, and has kindly placed his notes at my disposal.

Autopsy, twenty-three hours after death.—Body well nourished. Rigor mortis complete; blueness on depending portions. Head and chest not examined. Abdomen: One inch and a half above the pubes was noticed a punctured wound, the edges of which had made no attempts at union. Abdomen much enlarged, hypogastric and both inguinal regions appeared to be occupied by a doughy irregular mass, more prominent on the left than on the right side. Abdominal walls and omentum contained a considerable amount of fat. General peritonitis of intestines, especially on the left side, both gluing the intestines to each other and also to the bladder and pelvic walls. Liver natural. Kidneys large and pale, and studded with cysts. Between the bladder and the pelvis, behind the peritoneum, extending into the substance of the abdominal walls, and dipping down into the pelvis, was a mass of gangrenous cellular tissue infiltrated with urine, distended with gas, and containing some small calculi. On dissecting out the bladder a mass of calculi (105 in number, and weighing 3 oz. 69 grains) was found sacculated in a distinct cavity to the left of the bladder, but communicating, through an opening large enough to admit two fingers, with the bladder itself. The summit of this saccule had ulcerated or sloughed through, and the urine and some of the calculi had escaped out of it into the gangrenous mass previously described, and of which they were the cause. No calculi were found in the bladder itself. The walls of the bladder were hypertrophied, and the mucous membrane rugous, and in a sloughy state. The urethra was natural, but the prostate gland was much enlarged.

The case is interesting from the number of calculi sacculated and undetected, and from the puzzling and grave symptoms which developed themselves on the 21st July—viz., the suppression of urine, the size of the tumour simulating a distended bladder, and the unsuccessful attempts to evacuate the bladder. It is pretty clear that peritoneal inflammation had commenced on the 17th, probably occasioned or intensified by the diarrhœa which he had on the night of the 16th, and that perforation and extravasation took place on the night of the 20th. The tumour felt must have been the thickened wall of the bladder, with the inflamed visceral matters, and glued to it.

AT Leicester last week the sale by auction of goods seized for non-payment of fines for neglect of vaccination was made the occasion by anti-vaccinationists for a demonstration almost amounting to a riot. The presence of some forty police constables was hardly sufficient to maintain order.

ON THE INTERNAL ADMINISTRATION OF CHRYSOPHANIC ACID IN PSORIASIS.

BY H. E. CAUTY, M.R.C.S. &c.,
SENIOR SURGEON TO ST. GEORGE'S HOSPITAL FOR SKIN DISEASES, LIVERPOOL.

IN May last there appeared a rather long article in THE LANCET, in which the internal administration of chrysophanic acid in psoriasis was sufficiently favourably mentioned as probably to induce many gentlemen to give this medicine a trial. The list of remedies having any special cutaneous action is so limited, that any new one would, I think, be gladly welcomed by the profession generally, and it was the attributed possession of this specific power by the acid that merited attention in the paper above named, for it was stated that the idea of the internal use of chrysophanic acid was first suggested by observing that in a case where both legs were affected with psoriasis, both got equally well, though the acid as an ointment was only rubbed into one of them, the inference drawn being that the absorption of the acid and its subsequent constitutional action cured one leg as well as the other; the other deduction, that the acid had nothing to do with the disappearance of the disease, was not considered. There were a good many cases mentioned in THE LANCET, but on examination all were either fragmentary, incomplete, or unsatisfactory, but one, which was that of a boy seven years old, with psoriasis of two years' duration, who, after six weeks in hospital, was cured of the disease by gradually increasing doses of chrysophanic acid, taken not without sundry inconveniences, until at last two grains three times a day were supported. In this case, as in all the others, no mention is made of the state of the pulse, which in psoriasis is so important, for no case of this disease occurs in which the pulse is not either slower, smaller, or weaker than it ought to be, and any medicine which either ameliorates or cures this disease improves the pulse in either rapidity, volume, or strength. The favourable case was also young. In youth psoriasis is very common and comparatively less persistent than in after life, disappearing and returning eccentrically, from causes often slight and untraceable. However, it having been stated that chrysophanic acid had some good qualities, it was tried in many cases, of which the three following are examples:—

CASE 1.—M. T——, aged seventeen, engaged in the boot trade. Tongue rather white and irritable, countenance flushed and thick; pulse 72; psoriasis guttata on arms, with some patches of twelve months' duration; very thin; regular.—July 19th: Half a grain of chrysophanic acid in sugar of milk three times a day after food.—23rd: Patches fainter; complexion clearer; tongue cleaner; was griped after taking the first powder.—20th: Took two powders; more griping and sickness four hours after the second powder. Bowels opened three times.—21st: Took two powders, was very sick, and had pyrexia. Treatment changed to solution of bismuth, aloes as a purge, and then arsenic. This case was not encouraging, but as there were symptoms of irritable stomach at starting it might have been exceptional.

CASE 2.—R. B——, aged nineteen, machine worker, made her first appearance at the hospital on May 12th. This was a well-marked case of psoriasis nummulata; the tongue was rather white and bowels confined; conjunctivæ slightly yellow. She had in addition to the eruption four hard subcutaneous lumps in the calves of the legs, feeling like knotted veins, around which there had been some exudation, and which knots were extremely painful (thrombosis); pulse 72, weak. She was ordered potash and ammonia with podophyllin, which she took until June 2nd, when the swellings in the legs had nearly gone and the tongue was clean, the eyes being still somewhat tinged; bowels open.—June 2nd: On that date she began to take a quarter of a grain of chrysophanic acid three times a day.—5th: Conjunctivæ clearer.—9th: Dose increased to one-third of a grain.—11th: Scales falling off, swellings gone, tongue clean; pulse 84, full and soft; not at all the pulse of psoriasis. I now began to have hopes that there was some real benefit to be obtained from the acid, as there were no fresh spots, and the symptoms (though this stage has often been reached by many medicines)

were generally better. The dose was increased to five-twelfths of a grain.—16th: These hopes were arrested, as though the bowels were open twice a day and the tongue clean, there were some fresh spots, slight papules, with some flatulence. Dose increased to half a grain.—19th: Dose three-quarters of a grain; tongue clean, bowels open, rash somewhat paler; pulse 84, weak; flatulent colic. — 23rd: Dose one grain.—26th: No fresh spots, rash paler; hepatic pain under right shoulder.—30th: The legs have no more spots, but there is increased formation of scale; there are also fresh patches formed on the elbows, arms, and hands; pulse 72, fair; tongue clean; bowels open twice a day; these are now so sensitive that directly she takes her tea in the morning she has to hurry to relieve them. Notwithstanding that it appeared as if the chrysophanic acid had reached the utmost stage of toleration, I was desirous of seeing if a larger dose would have some effect on the eruption, and consequently having told her to discontinue the powders if the symptoms required it, the dose was increased to one grain and a half three times a day.—July 3rd: The powders excited great vomiting, and the scaly formation very much increased; pulse 72, full and soft; discontinued powders on July 1st. She was then ordered a carminative mixture, and afterwards arsenic, and is now nearly well. Notwithstanding that these cases showed no special cutaneous action of chrysophanic acid, yet thinking that there was some evidence of increased biliary secretion apart from simple purgative action on July 29th, I tried it in the next case.

CASE 3.—C. M——, a widow, aged fifty-seven, a large flabby fat woman with two large bright-red patches of psoriasis, exfoliating large scales, covering one elbow and one knee, each patch being three inches square. Tongue foul and coated; pulse 72, weak; bowels confined. She began with half a grain doses of acid on July 28th, increased to three-quarters on July 31st.—August 1st: There is no improvement in either the rash or the tongue; the bowels are purged twice a day, and the powders have each time produced vomiting; the conjunctivæ are still mahogany colour.

Observations.—The results obtained in these cases were not such as to encourage further trials, nor to confirm the supposition that there was any specific cutaneous action; on the contrary, it leads to the deduction that in the successful case published in THE LANCET the good result must have been due to continuous purging, and if this deduction is correct, then there are other medicines whose action is equally efficacious, and at the same time free from those irritating properties which characterise chrysophanic acid. In three other cases in which this was tried it acted so immediately as an emetic that it would be absurd to consider them in connexion with a constitutional action. In the second case where the drug was tolerated better than in the others at the time when, if any, a specific benefit ought to have been manifested, the disease increased in virulence. It is possible that in future therapeutical works the acid will be quoted as a remedy for psoriasis, and in consequence it may be tried by many gentlemen whom the persistence of the disease has sorely puzzled; it is with a view of pointing out what results may possibly be expected that the foregoing cases have been recorded and sent for publication.

Note.—The name chrysophanic acid is retained in the above observations, but I am informed that the proper name is chrysarobin. This is the active principle or one of the active principles of rhubarb; and I notice in the *Pharmaceutical Journal* the active principle of senna, supposed to be cathartine, has been resolved into three substances, one of which is chrysarobin. The action of the so-called chrysophanic acid resembles very much that produced by senna and all its preparations on some individuals.

THE SURGICAL AID SOCIETY.—The Lord Mayor presided at the annual meeting of the subscribers to this Society, held at the City Terminus Hotel on Monday. The report stated that 1442 men, 2024 women, and 703 children had benefited by the charity during the past year. The amount expended in surgical appliances and surgeons' fees had been £4005. But for the receipt of a legacy of £1307, there would have been a considerable balance on the wrong side. His lordship regarded this state of things as unsatisfactory, as he thought legacies should go to the reserve fund.

TREATMENT OF CHRONIC DYSENTERY BY LARGE INJECTIONS OF NITRATE OF SILVER SOLUTION.

BY GEORGE E. POST, M.D.,
PROFESSOR OF SURGERY IN THE SYRIAN PROTESTANT COLLEGE; SURGEON TO THE JOHANNITER HOSPITAL, BEYROUT.

THE patient is a European lady who has lived for about eight years in Syria, aged about thirty years, of healthy constitution, the mother of three healthy children. Partly as the result of nervous prostration, and partly from lactation, she was attacked in the latter part of last autumn with pains in the back of the head and some confusion of the mental faculties. These symptoms, with persistent sleeplessness, continued until the beginning of the spring of the present year, when she was attacked with diarrhœa, which gradually assumed a dysenteric character. At the time when I first saw her, July 28th, her state was as follows:—Great general debility and nervous prostration, nausea, which was in part due to a mixture of catechu and other astringents which had been administered with a view of checking the diarrhœa; characteristic dysenteric evacuations, accompanied with severe colicky pains and abdominal rumbling and uneasiness. She was not at that time taking any precautions in diet, nor confining herself to bed. There was no elevation of temperature, but the expression of countenance was haggard and worn. She was also much discouraged about her state, and harassed by sleeplessness, and in despair of recovery. The tongue was somewhat roughened by the astringents which she had taken.

I commenced the treatment by fifteen-drop doses of castor-oil, a strict milk diet, rest in bed, and ten-drop injections of laudanum in starch to quiet the tenesmus. This treatment was continued for forty-eight hours, with the effect of bringing away a few scybala, and relieving to a certain extent the tenesmus and nausea and slightly improving the character of the discharges. On the afternoon of August 1st an injection of three pints of water containing forty-five grains of nitrate of silver was prepared. The syringe was not, however, in good order, and not more than a pint entered the bowel. This was retained four or five minutes. It brought away with it mucus, greenish fæcal matter, a few scybala, and a little blood. A good deal of pain followed, and lasted for about an hour before it quite passed away. Shortly after the first motion she had another free from scybala. An hour and a half later another more copious, with considerable pain; half an hour later a small one with little but mucus; a little later some bloody mucus. As pain continued a laudanum and starch injection was administered. Twenty minutes later she had a small brownish stool, with a little mucus. After this she slept for three-quarters of an hour, and woke to have a small mucus passage, after which she vomited. An hour later a small motion. Still an hour later a brownish stool with some greenish admixture and little mucus. Five other motions occurred during the next seven hours, the last looking like ordinary liquid fæces. In the morning she was sick and vomited, but soon after, despite a few small motions, felt stronger. She took her milk and limewater better, and occasionally a teaspoonful of brandy. The headache had nearly passed away, and she slept fairly between the motions. No fever or quickening of the pulse. Abdominal pain much lessened. The history of the second day is briefly as follows:—Motions: 9 A.M.; 10, small but natural; 12.30 P.M., small but natural, with a little greenish slime; 1 to 3, four small motions, the last with specks of mucus; 3.30 to 6, two motions, the last small but natural; 7.30, small quantity of mucus. As there was some tenesmus without any passage an injection of starch and laudanum was administered, and half an hour later she fell asleep, and slept five hours, and awoke hungry. During the day the sickness of the stomach was much lessened, and she took and retained sufficient nourishment. In general she felt much better all through the day and night. During the remainder of the night of the second day she slept with little interruption. On the morning of the third day, at 6.30, she had a natural motion, but with it a little mucus and blood, and slight abdominal pain before passing. At 7 A.M. a copious natural motion; 1.45 P.M., small but natural, with a little mucus; 2.15 to 6, two motions like the former of this day; 6.15, a few

scybala; 8.15, an injection of laudanum and starch (ten drops) was administered, after which she slept till 2 A.M., and again from 3 to 6 A.M., when she had a motion, not fluid and natural in colour, with the addition of a small patch of bloody mucus. The fourth day, at 7.15 A.M., a small natural motion; 9, a little mucus; 3 P.M., a small natural motion, after which two pints of the above-mentioned solution of nitrate of silver were injected. She would not allow the whole three pints to be thrown in on account of the pain which they caused. The injection was retained less than a minute. It brought away with it less than the first, but some scybala, less than before. She continued to have evacuations for three-quarters of an hour, the last being mucus without blood. The pain did not wholly cease for an hour and three-quarters, and then only after a laudanum injection. She continued weak and nauseated until 7 P.M., when she began to feel quite easy, and continued so until 9.15 P.M., when she fell asleep. After an hour of restless sleep she fell into a natural slumber, in which she continued uninterruptedly until morning. No motions since 4.15 P.M. The fifth day was a good one. She was able to knit a good part of the day. She had one motion between noon and 1 P.M., with a little mucus, and another at 2 P.M. quite natural, semi-solid. She slept soundly during the night. She seemed to have caught a little cold towards morning, from insufficient covering, and complained of soreness in the bones, &c. It passed off, however, early in the morning of the sixth day. At 2 P.M. of the sixth day she had a small motion, quite solid. Began to long for food and experienced a hungry feeling, which the milk only took away for a short time. She took large quantities of the milk, but was not satisfied. She had neither pain nor ache, and the tongue was much cleaner. On the eighth day she began to take a little breast of chicken and soft-boiled eggs, and day by day her diet was improved. On the fifteenth day she had had no return of diarrhœa, had been up for three afternoons, walking a little about the room, and feeling stronger each day. Ten days having since elapsed without any further tidings, it may be inferred that she is now quite well.

As the treatment had to be conducted, after the first visit, by correspondence, at a distance of fifteen hours by messenger, some delay unavoidably occurred in advising the successive steps of the management of the case. Had the patient been within reach, I should have given the first injection a day sooner, and the second two days sooner. The return to a more nourishing diet might also have been slightly accelerated. On the whole, however, the case leaves little to regret, and nothing to desire. The very small quantity of laudanum required after the inauguration of the nitrate of silver treatment is most instructive. The easy and continuous sleep after such prolonged insomnia is also a feature worth noting. Any treatment which can cure so aggravated a form of dysentery as this one in so short a time, and with no drawback but the temporary pain of the injection, is an invaluable resource to the practitioner.

Beyrout.

ON A CASE OF

SIMPLE FRACTURE OF THE STERNAL END OF THE CLAVICLE INTERNAL TO THE RHOMBOID LIGAMENT.

BY G. OWEN WILLIS, L.R.C.P., L.R.C.S. ED.,
SENIOR SURGEON TO THE MONMOUTH HOSPITAL.

J. E——, aged fifty-four, a labouring man, was admitted into the Monmouth Hospital on July 18th, 1881. He stated that two hours previously he slipped off a hayrick, fell heavily on his outstretched right hand, and also struck his right shoulder. On examination a simple fracture of the sternal end of the right clavicle was discovered within a quarter of an inch of the sternal head of the bone. The direction of the fracture was obliquely downwards and outwards. The outer fragment rode high in the neck from the action of the clavicular fibres of the sterno-clavicular mastoid muscle and the weight of the arm. The fractured end of the outer portion was very sharp, and threatened to lacerate the skin. The inner fragment presented no marked sign of displacement, was freely movable, easily depressed, and on pressure the sensation was conveyed to the finger of its being loose and rolling. He had fractured the sixth and seventh ribs in front of and close to their angles. My efforts to adapt the broken ends of the clavicle were but partially successful. Apposition of the ends was gained when the right arm was raised and the fingers of the right hand

FIG. 1.

touched the left ear, the point of the elbow being slightly tilted forwards by a pillow. Any attempt to fix the limb in this position was not tolerated for long. I had to content myself with slinging the arm and placing a pad of cotton-wool on the shaft of the clavicle; this last kept in position by strips of plaster crossing the chest from back to front. He had a sharp attack of pleurisy, and was

FIG. 2.

very restless, often getting in and out of bed, but recovered and was discharged convalescent on August 29th, 1881. I saw him again on August 30th, 1882, when a photograph and cast were taken. The broken end of the outer fragment was rounded off and lessened by absorption, and he had fibrous union permitting of some movement. That morning he had done a bit of stiff digging, and considered his recovery a good one.

I have been influenced to publish this case at such length because fracture of the sternal end of the clavicle is rare, whilst fracture internal to the rhomboid ligament is very rare. Holmes, in his "Principles and Practice of Surgery," 1875, says, "it has not as yet been proved." Bryant makes no mention of the injury, and I am indebted to the kindness and courtesy of my old teacher, Mr. Henry Morris, of the Middlesex, for the following references:—Hamilton refers to three cases (in a record of 105 fractures of the clavicle) in which the fracture was within one inch of the sternum, and he says that in such fractures, which are, of course, within the fibres of the rhomboid ligament, there is but little displacement. Lonsdale mentions a

case in a child three years old, which came under his care in the Middlesex Hospital, and which he regarded as a separation of the epiphysis. Malgaigne mentions two cases, in one of which the fracture was so near the sternum that it was difficult to say whether it was not a partial dislocation; the displacement was only trivial. There are two preparations in the Musée Dupuytren in Paris of fractures very close to the sterno-clavicular joint, and in both the displacement is considerable, and in both the outer fragment is thrown down and forwards. Hamilton, in a recent edition of his work, says he has had a case of fracture close to the sternal end, the specimen of which he showed to the New York Pathological Society. The man from whom the specimen was taken was forty-five years old, and the fracture, occasioned by a fall upon the shoulder, extended from the sterno-clavicular articulation upwards and outwards an inch and a half. The fragments were overlapped three-quarters of an inch, and were firmly united. The character of the accident was not recognised until after death. The specimen is now in the Bellevue Hospital. In the case I report there can be no doubt that the rhomboid ligament was ruptured, and it was remarkable that the displacement of the outer fragment, which was very considerable, was upwards and not downwards, as in the cases collated by Mr. Morris.

Monmouth.

TONIC TREATMENT IN MITRAL DISEASE.

BY J. BROWN, L.K.Q.C.P., L.R.C.S.I.,
HONORARY MEDICAL OFFICER TO THE BOLINGBROKE PAY HOSPITAL.

THE following case is interesting as demonstrating the benefit derived from a tonic treatment in a case of dropsy, with regurgitant mitral disease, enormously enlarged liver, and albuminous urine.

Mrs. B——, aged forty-nine years, a widow, came first under my care as a private patient in August, 1881. She was then suffering from rheumatic arthritis and bronchitis. She had a distinct mitral murmur of old standing; her liver was very much enlarged, coming down half way to the umbilicus; there was no ascites, but considerable œdema of the ankles. She was a free liver, her usual stimulant being Irish whisky. She improved under treatment, which was continued for about three weeks. I did not see her again until she came under my care at Bolingbroke Pay Hospital on April 4th last. She then presented the following symptoms:—The valvular murmur was very distinct; she could not lie down on account of difficulty of breathing; her liver was very hard, and extended half way between the umbilicus and the pubis; there was considerable ascites, and her legs were œdematous to half way up the thighs; her urine was scanty and very albuminous; her skin was slightly jaundiced; temperature normal. All stimulants were stopped, and she was treated from April 5th to the 15th with a mixture containing digitalis, squills, carbonate of ammonia, and gentian; as the bowels were confined, compound jalap powder, forty grains, was given when required. No improvement being apparent, and as she seemed weaker, on the 15th a mixture of tincture of perchloride of iron and tincture of digitalis, of each ten minims, with glycerine, was given three times a day after meals, and was continued for nearly three months, most of which time she was kept in bed. In August all dropsical symptoms had disappeared; the liver was much reduced in size about two inches below the ribs, and no trace of albumen in the urine. All treatment was then stopped, but she remained in hospital until Oct. 8th. For the last six weeks she was able to walk several miles a day, which she had not been able to do for some years, and when she left the liver was still smaller, no trace of albumen, and she was gaining flesh, and slept well in natural position. I think this case bears out some of the ideas put forward by Dr. Leech in his introductory lecture to a discussion in Medicine at the last meeting of the British Medical Association.

New Wandsworth.

KING'S COLLEGE, LONDON.—The Right Hon. Sir John Mowbray, Bart., M.P., D.C.L., has consented to preside at the Annual Dinner of Associates and Students, to be held in the College Dining Hall, on January 17th, 1883. Mr. H. Courtenay Luck, A.K.C., F.R.G.S., of the College, is acting as secretary.

A VACCINATING INSTRUMENT.

BY CHAS. EDWARDS, A.B., M.D., F.R.C.S.

THE instrument resembles a miniature subcutaneous syringe with needle, but differs altogether in application and partly in construction. It is supplied by Messrs. Weiss and Son, who have constructed it beautifully and most satisfactorily.

The following instructions must be understood and carefully attended to:—

1st. Prior to operating apply the stoma or apical aperture of the needle to the lymph well exuded from the vesicle of the vaccinifer, then draw back a little the patent vulcanite piston. The instrument is thus charged somewhat beyond the basal aperture of the needle. The terms "basal" and "apical" I borrow from the extremities of the fang of the *neidr*. The instrument is now ready, by barely remoistening its point (or as many *instantaneous* operations as are required.

2nd. How to operate: Do not gradually and slowly introduce the needle-point, as with the lancet, but quickly and with the *neidr* stroke just beneath the cuticle. By this method you infallibly introduce the lymph, no blood, as from the lancet puncture possibly intermingling, and the small quantity of air between the basal aperture of the needle and the perfect piston when compressed by the "stroke," causing a reflex wave or rebound of the lymph into the puncture, thus sufficiently resembling, at least, in effect, the action of the anguine compressing muscles. A start of the patient, or any possible unsteadiness of the operator, is provided against by a beautiful little guard on the needle, by which too deep a stroke is rendered impossible. There is to be no injecting or even meddling with the piston during the operation, simply remoistening the needle-point.

The following are the advantages of this instrument: Rapidity, perfect introduction of the lymph, the absence of unsightly scars or scarifications so revolting to parents, however much they may be thought meritorious by others.

One word as to vaccination from arm to arm. If we must use the now conventional term ferment, and if the vaccine lymph be or contain this ferment, though it is not my wish to christen it or make a raid on the Greek prepositions to denote its successive results, still as all ferments act within a certain range of temperature there can be no temperature so sure for vaccine lymph as that secured by its coming from one living arm to another.

Cheltenham.

DISLOCATION OF THE UPPER AND LOWER ENDS OF THE LEFT HUMERUS BY THE SAME ACCIDENT.

BY WILLIAM W. MOXHAY, M.R.C.S.,
SURGEON TO THE ROYAL BERKS HOSPITAL.

C. S——, aged fifty-six, was admitted into the Royal Berkshire Hospital seven weeks previous to Sept. 4th, 1852, with a dislocation of the left elbow, the condyles of the humerus being thrown forwards over the radius and ulna. He had been struck at the back of the upper arm by the handle of a winch which was rapidly revolving. I was then house-surgeon to the hospital, but a medical friend acting for me reduced the dislocation, and all went on so well that the man was made an out-patient in a few days. On the above date he appeared and complained of some stiffness of the shoulder-joint on the same side; this, be it remembered, being seven weeks after the injury. I found the head of the humerus under the coracoid process, and I gave him one-grain and half-grain doses of tartarised antimony every ten minutes while extension of the limb was made downwards and outwards by means of pulleys. This went on for about half an hour, when he became deadly faint and could scarcely be kept in the chair. Extension was then suddenly left off and his elbow brought down over my knee as a fulcrum, when a sort of pop was heard and felt, and the bone returned to its natural position, only, however, to recede again to its acquired place. This was repeated once or twice on again replacing it, and at last we succeeded in

fixing it in its proper position by a pad and bandages. He very slowly recovered, and on Sept. 25th was regaining some of the upward movements of the limb, and at his own request was discharged.

As far as my knowledge goes this is a unique case, and I think it may prove of interest, especially to some of the younger members of the profession, who perhaps have never seen such use made of the powerful nauseant tartar emetic. Although it certainly enabled us to reduce a dislocation of the shoulder of seven weeks' standing, I would not now advise a return to such a barbarous practice, though it had the sanction then of the revered name of Sir Astley Cooper. With chloroform (at the time I have mentioned only just peeping out as a future friend in such cases), *nous avons changé tout cela*.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum allorum tam proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

SPONTANEOUS RUPTURE OF HEART; SURVIVAL FOR FORTY HOURS; AUTOPSY; REMARKS.

(Under the care of Dr. S. COUPLAND.)

FOR the following notes we are indebted to Mr. Alan E. Tate, resident physician's assistant.

W. T——, a gilder, aged sixty-five, was admitted into the hospital, Oct. 13th, 1882, with the following history. He had that morning gone to his work apparently in his usual health. About 11 A.M., while he was walking along the street, a heavy lamp fell close to and almost upon him. Though he was not struck he was startled very much. Three-quarters of an hour later, and after he had walked fully a mile further, he was seized with "a sudden pain all over the chest," and immediately after fell down in a fainting fit. He was found in this condition by a policeman, who at once took him to the hospital.

On admission into the Founder ward, at noon, he presented all the symptoms of the most extreme collapse. The whole body was cold and bathed in a profuse cold sweat. There was extreme pallor of face and lips; the radial pulse was only just perceptible, and the heart-sounds were quite inaudible. No increase in the cardiac dulness could be detected, but both lungs were evidently emphysematous. His mind was quite clear, as he answered questions readily, and gave a coherent statement of the morning's events. There was no paralysis. Within the next half hour he vomited several times, and there was constant tenesmus; once his bowels were opened well.

The patient was seen soon after admission by Dr. Coupland, and some internal hæmorrhage seemed probable. Cardiac rupture was surmised, though in the absence of any positive proof, such as an increase in cardiac dulness, and looking to his desperate state, a stimulant treatment seemed the only course indicated. A mustard poultice was accordingly applied to the præcordia, hot bottles were put to the feet, two ounces of warm brandy-and-water were at once administered, and the following mixture was ordered to be taken every hour: Spirits of ether and aromatic spirits of ammonia, of each half a drachm, and one drachm of syrup of tolu in water. Half an ounce of brandy was also given every three hours. Under this treatment the patient slowly, but steadily, rallied. At 5 P.M. the pulse was distinctly perceptible at wrist, and the heart-sounds were faintly heard at apex, free from bruit; surface of body comparatively warm. Temperature 96·6°; pulse 76; respiration 23. About this time he complained of pain in the right ankle, and a fracture of the lower third of the fibula was detected and at once set. The fracture was believed to have occurred in the syncopal attack. At 11 P.M. the same night the pulse was full and strong, 96; heart sounds moderately loud; lips and face a fair colour; body and extremities warm. The stimulants were diminished in quantity and frequency, but still continued.

The next morning (Oct. 14th) the following note was made:—"Temperature 98·6°; pulse 84. Slept at intervals during the night; has completely rallied from collapse. Skin warm; pulse of good volume and steady, but hard; heart sounds fairly well pronounced. There is some bulging of the left front of the chest in the præcordial region." Strict rest and stimulant treatment were continued, and all went well till 6 A.M. the following morning (15th), when, after a good night's rest, the patient became suddenly collapsed and died.

At the autopsy, which was made by Dr. Fowler, the following conditions were found: The cartilages of the third, fourth, and fifth ribs on the left side were prominent and arched. Those on the right side were flattened. All were calcified. On opening the pericardium about one ounce and a half of fluid blood escaped, and the heart was seen to be invested with blackish-red blood-clot, having a smooth outer surface. The clot was not adherent to the parietal pericardium. This clot was separable into two distinct layers, the outer of a rather paler tint and firmer. Each layer was removed separately, and found to weigh about seven ounces, some soft black clot at the back of the sac being weighed with the inner and probably most recently extravasated portion. The anterior surface of the heart showed a considerable excess of sub-pericardial fat. On turning the heart over, a rent half an inch long was seen in the posterior wall of the left ventricle, two inches and three-quarters above the apex and one inch to the right of the posterior coronary artery, having an oblique direction. A probe passed through the rent emerged into the left ventricle, just behind the apex of the posterior papillary muscle. The posterior coronary artery could be felt as a rigid cord, and the pericardium having been dissected off, it was seen to be extremely atheromatous and calcified. A branch of the vessel (not found) had apparently ruptured, as there was some blood extravasated beneath the pericardium and deeper in the fat and muscular tissue around the vessel for a distance of three and a half inches. The anterior coronary artery was also atheromatous. The right cavities contained some post-mortem clots, and the left ventricle also contained a small post-mortem clot. The mitral and tricuspid valves were somewhat thickened and fibrous; the aortic were atheromatous. All were probably competent. The muscular tissue of the heart was soft, brown, and greasy; that of the right ventricle encroached upon by the subpericardial fat. The aorta was atheromatous. Both lungs were emphysematous, and very œdematous.

Remarks by Dr. COUPLAND.—Perhaps the fullest information concerning Rupture of the Heart in literature is that given by Dr. Quain in his Lumleian lectures (THE LANCET, 1872, i. p. 460), where he states that in 77 out of 100 cases there was fatty degeneration of the heart wall, and that 63 of the patients were above sixty years of age. He also points out what all writers, from Morgagni downwards, have noticed, that the exciting cause of the rupture is some sudden mental excitement or physical effort. In each of these particulars the case above recorded conforms to the general rule, but it may be added that until the day of the attack (which was distinctly referable to a violent mental shock) he had suffered no symptoms pointing to the existence of cardiac disease. Yet the coronary arteries were advanced in calcareous degeneration and there was considerable adiposity of the heart wall as well as true fatty degeneration. The case also resembles the majority in the lesion being in the left ventricle, but it is somewhat exceptional in the position of the rent, which in most cases has been found in the anterior wall, either in the region of the apex or close to the septum. In this case the rupture, which formed an oblique slit, occurred in the posterior wall at some distance from the septum, and about midway between the apex and base. This localisation of the lesion was, no doubt, determined by the disease of the coronary artery and its branches impairing the nutrition of that part of the wall. The case is further of interest in the prolongation of life after the occurrence of rupture. According to Dr. Quain, "in 71 out of 100 cases . . . . death was sudden, occurring within one or two minutes. One patient, however, lived eight days, 1 six days, 1 three days, 5 lived over forty-eight hours, 3 lived under twenty-four hours, and 19 under twelve hours." In the present case, so complete was the rally under stimulant treatment that the idea of cardiac rupture, at first enter-

tained, was thought to be beyond the mark, and that the case was, after all, one of temporary cardiac inhibition, from the influence of mental agitation. The sudden death, forty hours later, proved the correctness of the original surmise; whilst the discovery at the post-mortem examination of two distinctly separable layers of clot around the heart demonstrated the fact, that the rent had been temporarily closed after the first occurrence of hæmorrhage. A very important question is here raised; admitting the impossibility of recovery after cardiac rupture, would life have been more prolonged had sedative treatment (as insisted on by writers on the subject) been pursued? This may well be doubted, for although, on *a priori* grounds, it may seem wrong to stimulate to further action the heart so injured, it may equally well be contended that the ventricular contractions would aid in the temporary closure of the rent; whilst on the other hand continuance of the hæmorrhage might be favoured by measures tending to prolong the state of diastolic relaxation. In following the indications for prompt stimulation, as the only measure likely to rescue the patient from imminent death, this line of treatment was deliberately adopted in face of the possibility of such a lesion as actually existed. Had stimulants been withheld the man must have died in the first seizure, and in such a case a respite of a few hours may often be of great moment. The inference is that in similar cases—where diagnosis may be even more certain—the natural indication to administer stimulants may not be so harmful as is generally assumed.

RADCLIFFE INFIRMARY, OXFORD.

CASE OF UNUNITED FRACTURE OF THE HUMERUS IN AN OLD MAN SUCCESSFULLY TREATED BY RESECTING THE ENDS OF THE BONES AND FASTENING THEM TOGETHER WITH A PROBE.

(Under the care of Mr. HORATIO P. SYMONDS.)

WILLIAM S——, aged sixty-one, admitted on July 5th, 1882, with an ununited fracture of the left humerus. On March 15th he had been run over by a cart, the wheel of which, passing over his arm, caused a simple fracture of the humerus. It was at once put up by a surgeon in the country with a rectangular and slide splints, and left without being touched for seven weeks. At the end of this time no union having taken place, the splints were readjusted at intervals till his admission.

When admitted there was an oblique fracture about the middle of the shaft of the humerus below the insertion of the deltoid. The fragments were perfectly movable, no callus having been thrown out. The man was in feeble health, appearing prematurely old. The circulation in the extremities was very weak, the hands being always cold and blue. There was no marked rigidity of the arteries, and the urine was free from albumen. The arm was fixed in a plaster-of-Paris apparatus for six weeks. When this was removed the condition was precisely the same as before. The patient complained greatly of the discomfort of the arm, and was willing even to have it removed. Under these circumstances, and notwithstanding the debilitated condition of the patient's health, it was thought advisable to try some operative proceedure.

On Aug. 22nd, the following operation was done, with all antiseptic precautions. An incision three inches long was made on the outer side of the arm over the seat of the injury. The ends of the bones were cleared from the surrounding tissues and made to project through the wound. The periosteum was stripped from the ends for about an inch. A small slice of bone was then sawn obliquely off the ends of each, and a hole was drilled through from one to the other. Through this hole a silver-plated steel probe was passed (acting like a hare lip pin), and the ends being drawn together, were fixed by a stout silver wire twisted round the probe in figures of 8. The ends of the wires and the probe were left projecting from one end of the wound, the edges of which were closed by a few silk sutures, and dressed in the usual way. The arm was then fixed by a leather splint, having a steel bar from the elbow to the shoulder in the outer side and an angular splint on the inner side.

The patient went on very well, the temperature only once, four days after the operation, rising above 100°. The arm was dressed at first on alternate days, afterwards at longer intervals. The antiseptics were left off on Sept. 20 and on Oct. 14 (two months after the operation) the probe was withdrawn without difficulty. It was found that considerable, though not perfect, union had taken place. On admission the arm was quite useless. Now he was able to raise it to a level with the shoulder; he is quite free from pain and has improved in his general health. A small fragment of necrosed bone came away with the probe.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Spontaneous Postures of the Hand considered as Indications of the Condition of the Brain.—Seventeen Cases of Epilepsy treated with Sodium Nitrite.

THE ordinary meeting of this Society was held on the 28th ult., J. Marshall, Esq., F.R.S., President, in the chair. In addition to the two papers read and discussed, several specimens illustrative of diseased conditions of the skull, the brain, and its membranes, collected from various hospital museums, were exhibited, as well as an excellent series of photographs from Professor Ziemssen's collection, showing the effect of isolated stimulation of the various facial muscles.

The first paper, entitled "Spontaneous Postures of the Hand considered as Indications of the Condition of the Brain" was communicated by Dr. FRANCIS WARNER. A posture is the relative position of the several members of the body with regard to one another, and the relative position of the individual parts of a member. Every posture is due to a balance of the muscles produced by some portion of the central nerve-mechanism. A weak child spontaneously holds out his hands in the "nervous posture." The limb is now free or disengaged; its posture is the spontaneous outcome of the action of the nerve centres. The wrist is slightly flexed, the metacarpo-phalangeal joints are extended backwards, the internodes being either flexed or straight. This posture is often seen in nervous children; it is usually bilateral. Explanation may be sought after Darwin's method—i.e., observe what advantage attends the posture. The following method appears preferable:—Analysis and analogy show a wrist drooped as in weakness, and the knuckle-joints extended as in conditions of excitability. This posture is sometimes found in spastic contraction. The "energetic hand" may also be a permanent posture resulting from brain disease. The wrist is extended; the small joints are all flexed. This posture is the antithesis of the "nervous hand." The following axiom is assumed:—"If we see some spontaneous nerve-muscular action often repeated in the same and in different subjects, it may be assumed that there is some nerve mechanism corresponding which can act independently." In any particular case the existence of a special centre is strengthened if we can see its action when excited, and again when it is weak. In analysing postures the following "principles" appear useful:—1. The contrast of small parts with large parts. 2. Inter-differentiation—i.e., the relative condition of the large and small joints. 3. Collateral differentiation—i.e., the relative condition of collateral joints. 4. Symmetry or asymmetry in a posture. 5. Excitation of weak centres. 6. General excitement or general weakness; in this case the stronger muscles produce the posture. 7. Antithesis—i.e., the principle that opposite postures may indicate antithetical states of the corresponding nerve-mechanism. 8. Anatomical analysis and description. 9. Analogy between postures. The following suggestions are offered as to determining whether a posture is the outcome of the spontaneous action of the nerve centres: The part must be free or disengaged. Look for analogous postures in brain disease. Look for analogous postures in infants, also in ancient art. Apply the "principles" above given to the case in question. Errors may be made by attributing all postures to the central nerve mechanism. Postures may be due to joint disease, local changes, and organic conditions—e.g., cardiac orthopnœa, the effects of gravity, muscular rigidity, and local injury to nerve. Appendix: A table applying the principles of analysis to eight postures—viz., the nervous hand, the energetic hand, the hand in rest, the straight extended hand, the straight extended hand with thumb drooped, the convulsive hand, the hand in fright, the feeble hand. The paper was illustrated by a large collection of drawings and casts.—

The PRESIDENT pointed out the difficulties that beset so apparently simple a subject, for so many factors were operative in these postures. The author deserved great credit for his painstaking inquiry and analysis of this complex matter.—Dr. HUGHLINGS JACKSON also spoke highly of the author's work, which he characterised as opening up a new subject in practical medicine. Dr. Warner had dealt with one of the most specialised parts, the hand, and it is the rule in all cerebral affections that the more specialised parts suffer in a greater degree than those whose functions are more general. As an instance of the latter, he mentioned the respiratory apparatus, where the same movements are being repeated continuously throughout life. But in the hand we have not only a part which can exhibit a vast variety of movements, but one which has a large number of small muscles carrying little weight; and the more intellectual the actions the slighter are the movements—e.g., the actions of the hand in writing, painting, and drawing, actions which might be contrasted with those of such a muscle as the deltoid, moving the whole limb to bear heavy weights. In a general sense in nervous disease the parts first affected are those of small muscles and small movement. In most cases of epilepsy the fit begins in such parts, so in chorea; so also in the commonest form of progressive muscular atrophy these muscles are the first to suffer. The tremor of paralysis agitans begins in the small muscles. Dr. Warner's work could be more generalised, to include attitudes in disease, as that of paralysis agitans, which is the reverse of the attitude in cerebellar disease; or it may be applied to the face as in the loss of expression seen in double facial paralysis, which gives a sullen look to the patient; in paralysis agitans, where the face is fixed there is a puritanical or aged look. The paper was an inspiring one, and Dr. Jackson regretted that, having no special knowlege on the precise subject, he was unable to discuss it.—Dr. WARNER explained that his object was rather to open up the subject of postures than to give many details, and he had therefore limited the remarks in his paper to two only of the natural postures of the hand. In the Appendix he had applied the same principles to the analysis of eight other postures without exhausting the list. For this study to be clinically useful it was necessary to take special types, from which many variations might arise; and he had taken as types such postures of the hand as had been recorded in works of art for centuries, and which were probably referable to particular conditions of the brain. Trousseau describes the hand in tetany, the fingers flexed over the thumb, and the arching of the metacarpus from its adduction. This arching of the metacarpus is an abnormal condition; another is the drooping of the thumb, which Dr. Warner believed to be the first departure from the normal in the weak hand. The face was even more specialised than the hand as regards its muscularity and movements, and the same principles of analysis might be applied to their study.

A paper was then read, on Seventeen Cases of Epilepsy treated with Sodium Nitrite, by Dr. CHARLES HENRY RALFE. The author, in the first place, claims the credit of first introducing this drug for the treatment of epilepsy to Dr. LAW of Hastings, who was the first to administer it, and who has fully described the theoretical reasons which led him to employ it, together with an account of its physiological action in the *Practitioner* for June of the current year. Sodium nitrite in its action resembles nitrite of amyl and nitro-glycerine. It has one advantage over these remedies for the treatment of epilepsy; its effects are produced more slowly and are more permanent in character. The dose, the author's, should just fall short of producing full physiological effect. He advises that care should be taken to ascertain the purity of the drug, as many samples contain an admixture of sodium nitrate. The details of seventeen cases treated by the author in the out-patient department of the London Hospital is then given. Of these seventeen cases, three received no benefit, four improved slightly, one was a doubtful case, whilst nine benefited decidedly. Of all the cases, eight previous to treatment with sodium nitrite had been treated with bromide of potassium. Of these, three (Cases 1, 2, 3) had improved under its use, and went back when the medicine was changed to sodium nitrite. Of the other five, the bromide treatment was inefficacious from the first in three cases; and in two, though it had done good for some time, was losing its effect, and the patients were suffering from bromism. In four of these cases (9, 13, 14, 15) decided improvement followed the change to sodium nitrite, and the other (Case 7) improved to a lesser degree under its use. Nine of the patients commenced treatment directly with sodium nitrite. Of these, the disease in four was of long standing, and probably the patients had already been subjected to a course of bromide at other hospitals. Of these, two improved under sodium nitrite, and two received decided benefit. The remaining five cases were all tolerably recent ones. Of these, three received decided benefit, one slightly improved, and one was a doubtful case. Among the cases that received decided benefit, the longest exemption from any kind of epileptiform seizure was in Case 17, who went eleven weeks without an attack, four weeks whilst under treatment, and seven weeks after leaving off the medicine. Case 14 went eight weeks without an attack, and had no relapse at the time he was last seen; he is still an out-patient and taking the medicine. Previous to commencing treatment he had on an average three fits a fortnight, and they were increasing. Case 16 remained free for a period of four weeks, and had had no recurrence when he gave up his out-patient letter. Case 9, who had a fit on an average every week, after taking the medicine was free for five weeks. The same result obtained with Case 15, who was free for one month. The author draws the following conclusions from these results:—1. That those cases in which bromide of potassium is of marked service are not generally suitable for a trial of sodium nitrite. 2. That those cases in which bromide of potassium does not agree well from the first will probably be found to improve under sodium nitrite. 3. That to patients who have taken bromide some time, and on whom the drug is apparently losing its effect, or who are suffering from bromism, sodium nitrite is useful as a change medicine. 4. That there is a class of cases, consisting chiefly of minor seizures or convulsive attacks, such as often occur in young persons, usually at night, in which sodium nitrite is especially beneficial.—The PRESIDENT, in inviting discussion, said that in epilepsy so many factors were at work, and the nature of epilepsy was so obscure, that it was difficult to explain the mode of action of drugs upon the disease; but the introduction of drugs was often based upon physiological grounds. Of course many cases of organic disease producing epilepsy were outside the category of remediable cases. He directed attention to a series of preparations collected from the museums of Guy's, University College, and St. George's Hospitals, illustrative of diseases of the cranium and brain producing epilepsy, and expressed the indebtedness of the Society to those gentlemen who had furnished the specimens for exhibition.—Dr. LAW had but little to add to what he had written in the *Practitioner*. He had employed nitrite of sodium in a case upon the theoretical ground that cerebral anæmia was one of the factors in producing the fits; and had used the salt in preference to such compounds as nitrite of amyl and nitro-glycerine because of its greater stability. Dr. Richardson in 1865 pointed out the similarity of physiological action of the nitrites of amyl, ethyl, &c., and was inclined to attribute their action to the nitrogen they contained.—Dr. GOWERS after reading Dr. Law's paper had given nitrite of sodium to many patients—about twelve in all and in only one did it appear to do any good. Some of them were patients who had taken bromide for some time without effect; others were cases treated by other drugs. In every case the fits continued, in one or two with temporary cessation which in one case lasted for six weeks, and then the fits returned in spite of an increase of the dose. And very often, the fits cease for a time under any drug that has a considerable action on the system. Even if the theory of the action of the nitrite were correct, and its efficacy proved, he did not think that would establish the fact of cerebral anæmia in epilepsy, for flooding the brain with arterial blood would conceivably act beneficially on the nerve tissue without assuming a prior anæmia. Nitrite of amyl will check the spasm of tetanus. H. C. Wood of Philadelphia holds it to be more rapid in its action than chloroform in this disease, but no one has ventured to suggest the occurrence of anæmia of the spinal cord as the grounds for its use; the condition in tetanus is rather one of hyperæmia. Dr. Gowers had also given nitro-glycerine in epilepsy both before and since Dr. Hammond's advocacy of it, but had not found it to have the slightest influence. The dose of nitrite of sodium he had given was ten grains increased to twenty; in one or two cases it had been continued for a period of five months.—Dr. RAMSKILL mentioned the case of a girl five years old who was treated with the nitrite, which was discontinued owing to the great increase in the number of the fits;

bromide was then given with good effect. He had also had several similar cases; but he wished particularly to state his belief that the drug was not without dangerous effect, and referred to three cases in which alarming symptoms were produced by it. Dr. Ralfe's cases were probably chronic ones —e.g., cases of commencing sclerosis, where such treatment might do good; but he did not think it of value in idiopathic epilepsy. He agreed with Dr. Gowers as to any remedy having the effect of temporarily postponing fits, and also that rest alone or change in surroundings will do the same.—Dr. COXWELL gave brief details of three cases in which the nitrite of sodium treatment was compared with valerianate of zinc and bromide of potassium, and in each case fits recurred more frequently under the nitrite.—Dr. HUGHLINGS JACKSON considered Dr. Ralfe's facts too few, and the period of observation too brief, to draw favourable conclusions as to the efficacy of the remedy. He trusted he would pursue his investigations, as any new remedy which can be shown to be a little better than those at present used in epilepsy would be a gain. He would have liked more details as to the age of the patients, and the nature and duration of the attacks. For his own part, he laid great stress upon diet, and was especially careful in restricting nitrogenous food, a fact long ago insisted on by Heberden, and by other physicians, as Trousseau, James Jackson of the United States, Ireland, and West. So far as things go, bromide of potassium was the best; and although Dr. Ringer had demonstrated that potash salts were more depressant than soda salts, yet this was itself an advantage in epilepsy, where it was, above all things, desirable to bring the patient to a "low level." Tonics, as iron, and full diet, were bad. Adverting to the subject of "arresting" a fit, Dr. Jackson expressed his opinion that in the case of epileptiform seizures it was not a good practice to stop the fit—(e.g., by ligature) altogether at its outset, although it might be well to limit it to the limb. The effect of this is to leave the limb more paralysed, but it prevents the fit becoming general, with the resulting loss of consciousness and general powerlessness.—Dr. D. DREWITT drew attention to the method, adopted with good results at the Children's Hospital, of the application of a silk seton in the nape of the neck.—Dr. BROADBENT thought the cases too few and inconclusive to base any precise view of the action of the drug. He was not previously aware that the nitrite of sodium had analogous physiological action to nitro-glycerine; and would rather have thought that the nitrite would take up oxygen and be converted into a nitrate in the economy. He had met with two opposite conditions of the circulation in epilepsy—one of extremely low arterial tension and one of high tension—such vascular condition being probable a consequence and not the cause of the change in the nerve centres. Possibly the nitrite was of advantage in those cases where the arterial tension is low.—Dr. WILKS had not tried the remedy, but agreed with Drs. Gowers and Jackson that any number of remedies will arrest epilepsy, at least for a time. Very slight influences will produce a fit, and very slight influences will arrest it, so that the results are not always to be attributed to the drug that may be given. He instanced a case where a toothache or gum boil arrested the fits, another where no fits occurred during an attack of erysipelas, and had several cases where epileptics had no fits whilst suffering from fevers. In one case of a young lady, who had most severe fits, an attack of small-pox cured her epilepsy without return. He was, therefore, very sceptical as to new remedies in epilepsy, and confirmed Dr. Ramskill's remark upon the influence of rest in hospital in temporarily averting fits. He had often employed setons, and he mentioned one case of a gentleman who had to give up a Government appointment on account of epilepsy, but who had since been free from attacks for eighteen months by wearing a seton.—Dr. BUZZARD asked for information as to the dose, &c., of the bromide in those cases mentioned by the author where that drug had not been efficacious. The susceptibility to bromide varied with the individual; some cases of great severity were controlled by small doses; in other cases the drug had to be pushed to bromism before any effects were produced.—Dr. RALFE, in reply, said that the paper was based on some rough clinical experiments which he had made on hearing from Dr. Law about his case. They were not all chronic cases, most of them being in children. He thought his results had been estimated too highly; for it must be remembered that in only nine out of the seventeen cases did the drug succeed in controlling the fits. To those who had been long taking bromide without benefit the bromide had been given in various doses. He thought a good deal depended upon the purity of the nitrite and the strength of the dose. He had found large doses to have no effect, and it was only after gradually trying smaller doses that he at length arrived at a dose of about twelve grains as the most suitable. Since the paper was written he had on one day prescribed the nitrite to three patients, two being cases of epilepsy, and one of asthma. All of these patients returned to the hospital suffering from the toxic effects with cyanotic symptoms. The sample of nitrite given to these patients was different from that previously described, and it had been set aside for analysis. It showed, however, that samples of the salt vary, and also that it was important to ascertain the physiological dose of each individual. He had also found marked differences as to their efficacy in epilepsy in two other samples, and suggested that possibly the negative results obtained by Drs. Gowers and Ramskill might depend on such differences.

The PRESIDENT directed attention to a series of photographs lent by Dr. Ziemssen, of Munich, showing the effect of stimulating the facial muscles separately, and interesting as an analysis of facial expression.

CLINICAL SOCIETY OF LONDON.

Symmetrical Congestive Mottling of the Skin.—Lumbar Nephrectomy for Carcinoma.—Subcutaneous Rheumatismal Nodes.

THE ordinary meeting of this Society was held on Nov. 24th, J. Lister, Esq., F.R.S., President, in the chair. The proceedings were interesting, especial attention being given to the subject of renal surgery, arising out of a case communicated by Mr. J. Adams; subcutaneous rheumatic nodes were well shown in two cases contributed by Dr. Duckworth, who read a paper on them; whilst Dr. Cavafy detailed the particulars of a peculiar cutaneous mottling, of which he showed two examples. Mr. Howard Marsh exhibited a child with very extreme deformity of the skeleton from rickets.

Dr. CAVAFY read a paper on Symmetrical Congestive Mottling of the Skin. In this paper two cases of a curious affection of the bloodvessels of the skin are described. The first was a young woman, aged twenty-two, shown to the Society, who was first seen in March, 1882, when the condition had existed for three years. It began as a reddish mottling of the left shoulder, which gradually spread down the arm, and soon afterwards appeared on the right arm, the cheeks, and both thighs, gradually increasing in intensity. At the date of her first visit the skin of both cheeks was mottled with blotches and irregular rings and streaks of a bluish-red colour, most marked on the right side, not prominent, and covered by normal epidermis. Singular, dull, bluish-red maculæ and irregularly confluent blotches and streaks forming reticulated annular and gyrate figures occupied the exterior surfaces of both arms and forearms and the backs of the hands, being especially distinct over the left wrist. The front and outer surface of both thighs near the knees was similarly mottled, but in a much less degree. The blotches and streaks were not sharply circumscribed, and disappeared completely on pressure, leaving in some spots a delicate fawn-coloured pigmentation. The marking also disappeared from the arms when they were held up, and returned when they were allowed to hang down. The neighbouring skin was normal in all respects, and the general health perfectly good. The girl had rheumatic fever a year before the mottling commenced, but the heart was unaffected. The only departure from perfect health was a liability to "dead fingers" and occasional dyspepsia. She continued to attend for a month, with no change in the state of the skin. The markings were always intensified by cold; they never completely disappeared, and were throughout unaccompanied by pain, numbness, tingling, or any abnormal sensation. She is still in the same condition. The second patient, also shown to the Society, is a healthy young woman, aged twenty-one, who has been under observation since August, and in whom the affection has existed eighteen months. It began over the ankles, and gradually spread to the legs and thighs. Twelve months later the arms became affected, and quite recently blotching has begun on the waist; the face has remained free. The mottling is an almost exact counterpart of that in the first case; but more

extensive and of a deeper bluish-red colour over both legs and the front of the thighs, especially near the knees. It is situated on the exterior surfaces chiefly, but also extends slightly over the flexor sides. The condition above described was only due to venous stasis or passive congestion of the skin, and appears to be an exaggeration of the marbling often seen on the skins of children and young persons after exposure to cold; but in the above cases, although cold intensifies the marbling, the congestion remains more or less evident at all times. It is probably due to a vaso-motor neurosis, but the share taken in its production by arteries and veins is not easy to apportion. The affection appears to be quite harmless, and has not led to any changes except pigmentation, and that only slightly; but the disfigurement, especially when the face is attacked, is considerable. The treatment employed has not influenced the condition in any way.—Dr. S. MACKENZIE said the cases were interesting and rare, such a condition seldom being so marked and permanent; and Dr. Cavafy's explanation of it was probably correct. The cases had a superficial resemblance to similar conditions due to direct exposure to heat, as from much standing before a fire. A condition of vaso-motor neurosis of the extremities has been described by Weir Mitchell, of which Dr. Mackenzie had seen one case; but this differs materially from these present cases.—Dr. GLOVER asked if the effect of a bandage had been tried. He was much struck by the good effect of such a measure in a case of long-standing purpura of the legs, where the application of an elastic stocking resulted in a cure.—The PRESIDENT alluded to the symmetrical character of the mottling proving it to be due to a neurotic origin.—Dr. CAVAFY, in reply, said that the pigmentation, due to exposure to a fire, was excluded by the fact that the colour could be pressed out of the part, and that neither patient had been so exposed; further, the mottling in the present cases is diminished by heat. The vaso-motor neurosis of Weir Mitchell, of which a case was brought before this Society by Dr. A. Sturge, is different. The closest alliance was, perhaps, to local asphyxia, which may lead to symmetrical gangrene (Reynaud). The present cases might be a minor degree of that condition. Dr. Glover's suggestion was only applicable to the extremities.

Mr. JAS. E. ADAMS read notes of a case of Lumbar Nephrectomy for Carcinoma. The patient, a male, aged thirty-nine, had intermittent hæmaturia for two years; pain in right loin; latterly profuse hæmorrhage from the kidney, leading to marked anæmia; blood, pus, triple phosphates, and epithelium in urine. The disease was clearly located in the right kidney, but its exact nature was not certain. The operation was undertaken in order to explore, and, if necessary, to remove the right kidney. By an incision parallel with the lower border of the last rib, the kidney was easily explored, and found to be the seat of a new growth, which had increased its size to about double the normal. In order to extract the organ it was necessary to enlarge the incision upwards; the organ was adherent to the peritoneum, and in separating it the serous cavity was opened. Owing to the size of the tumour, the ureter and vessels could not be tied separately, but were encircled *en masse* by a whipcord ligature. The peritoneal wound was closed with a catgut suture; the skin wound was freely drained. The hæmaturia ceased at once. The wound healed in a few weeks; but the patient gained no strength, suffered much throughout from cough, and was transferred back to the care of the physician, and died forty-four days after the operation, with effusion into both pleuræ, plugging of the left renal vein, and numerous secondary deposits in the lumbar glands and on the ribs.—Mr. CLEMENT LUCAS congratulated Mr. Adams on the success of the nephrectomy; though unfortunately the disease was too advanced for complete eradication. He had twice explored the kidney this year. In one case there were typical symptoms of stone; although the man had a severe rigor before passing the blood, which was attributed to his being moved. Mr. Lucas cut down on the kidney and punctured it in as many as five or six places for the depth of an inch and a half; no bleeding occurred, but the kidney appeared to be puckered. It was probably a strumous kidney. He mentioned these cases in order to encourage physicians to explore the kidney more readily in doubtful cases. No disturbance arose from the exploration, and the wounds healed rapidly and painlessly. The operation, then, might be regarded as perfectly safe, with no more danger than an incision of similar length in the calf of the leg.—Mr. GOLDING BIRD asked Mr. Adams whether the opening was enlarged in a vertical or horizontal direction.—Dr. FOWLER had lately had a case under his care with symptoms of renal calculus in which Mr. Morris explored the kidney, punctured it in several places, without finding a stone, and the wound healed perfectly.—Dr. DOUGLAS POWELL asked for the results of cases where the operation is completed and the stone removed, but his impression was that many cases were disastrous in their results. He thought that we should not consider too much the fact that the kidney had been explored without finding a stone without ill results. These cases of stone in the kidney often go on for many years, and eventually the stone is discharged from the bladder. Therefore he did not think nephrotomy an operation of necessity or always justifiable. It would be a matter of importance as a guide to its performance if a diagnosis could be made as to the size of a stone. A small stone will give rise to as severe symptoms as a large one; and he cited a case where a small stone was eventually passed, but the patient returning later with renal symptoms, an exploratory incision was made, and no stone was to be found.—Mr. BARKER said that for the very reason urged by Dr. Powell the kidney ought to be explored. A stronger reason still for calling in the aid of the surgeon is that these operations can be done without any risk. He alluded to a case in which all the symptoms of stone occurred in a child; he explored and punctured the kidney without finding a stone. The wound healed rapidly. If all the cases of exploration were recorded it would encourage the routine resort to the procedure. The point between nephrotomy and nephrectomy turns upon the extent of disorganisation of the renal tissue. A small stone may be removed from the kidney without any risk whatever; but the case is altered when much disorganisation of the kidney is present.—Dr. WILBERFORCE SMITH alluded to one point in the diagnosis of stone in the kidney—viz., that of treatment by copious water-drinking, so as to produce diuresis. It was his habit to tell the patient to keep his urine down to a low specific gravity. There is prompt and considerable relief; the hæmaturia ceases and the pain is modified.—Mr. HAWARD, recurring to Mr. Adams's paper, asked as to the diagnosis between stone and malignant disease. There was considerable enlargement of the kidney; but was the examination made under an anæsthetic? In that way a stone may be felt in the kidney. Mr. Haward had succeeded in palpating an enlarged kidney by this manner in a case related last year. He also asked whether Mr. Adams had noticed great frequency of micturition, for a stone in the kidney is often accompanied by an irritable bladder, as Sir B. Brodie long ago pointed out.—Mr. H. MARSH, in reference to the question of making out a large kidney under an anæsthetic, said that in a case he related last year, no one succeeded in palpating the organ; but when he came to operate it was found to be very large indeed.—Mr. ADAMS, in reply, said that he enlarged the opening in a vertical direction, almost at right angles to the first incision. If he were sure that the kidney was very large and occupied by a large growth, the abdominal section would be preferred. He did not think that Dr. Powell's application of the term "disastrous" to exploration of the kidney was justifiable; and the operation is not performed except the patient is in much suffering and unable to perform his duties. He was in favour even of leaving a stone in the bladder if there was no suffering. The decision to remove a kidney would be based on the condition of the organ. This patient was examined thoroughly under an anæsthetic; but the difficulty or ease of the diagnosis will depend greatly on the amount of subcutaneous fat in the individual.

Dr. DYCE DUCKWORTH read notes of two cases of Subcutaneous Rheumatismal Nodes. Case 1. S. C——, aged twenty-four, domestic servant, came to St. Bartholomew's Hospital on account of painful swelling on the right hand and knee. She had had no serious illness, no rheumatic fever or chorea. Suffered for eight years past with pains in the joints and limbs. Crackling in the larger joints was noticed. The nodules began eight months previously on the right hand, elbow, and knee, and are found to be quite subcutaneous, painful on pressure, and attached for the most part to sheaths of the tendons or deep fascia. The fingers were knotty at the joints and the right little finger was turned outwards at the last phalanx (not as the result of injury). The first sound of the heart was found roughened and somewhat reduplicated. The urine was alleged to be occasionally thick. The patient was exhibited, and casts of the right

hand and knee were also shown. In three months' time it was found that some of the nodules had grown larger and that new ones had appeared. Signs of slight hypertrophy of the left ventricle of the heart were noted, and the first sound was rough and reduplicated at the apex. Treatment by cod-liver oil and iodide of iron and potassium had not proved of material service, and there were still articular pains. The nodules ached more in damp weather. Case 2. E. L——, aged nine years, a school girl, had suffered from pains in the feet, knees, and arms for two months, and at that time nodules were first seen on the ankles, elbows, and knees. The legs and hands were also swollen "as if dropsical." There was no history of chorea. Nodules of various sizes were found on the sheath of an extensive tendon on the metacarpus, on the olecranon, on the spine of a dorsal vertebra, on both patellæ, and on an external malleolus. The nose and finger-ends were clubbed. The cardiac physical signs indicated mitral regurgitation. In three weeks the nodules on the patellæ appeared larger. The child ceased attendance, and its parents could not be traced subsequently. A cast of one knee was taken at the first visit. Both cases were well-marked examples of rheumatismal subcutaneous nodules. Both occurred in females, as is found to be the case in most instances. The nodules have persisted longer in the first case than has hitherto been previously noticed—fourteen months against five,—and the age of this patient is more advanced than in most cases recorded. The heart was affected in both patients. All the points noted supported the previous observations of Drs. Barlow and Warner, as communicated last year to the International Medical Congress.—The PRESIDENT said it was remarkable that a disease like this should only be recently recognised. He was struck with the fact that the heart should be affected in these essentially chronic cases; was it a general observation that endocarditis accompanied these manifestations?—Dr. GREEN had seen one case in a boy, sixteen years of age, with acute rheumatism; the nodules were very marked. They were not complained of, but discovered accidentally. The heart disease seemed to develop during the development of the nodule.—Dr. BARLOW did not think there was always heart disease in association with these nodules, for some were cases allied to rheumatoid arthritis. But when one finds these nodules one should be on the *qui vive* for heart disease. About a year ago a young man came to the hospital with nodules about the patellæ and elbows. He had been in hospital four months before with subacute rheumatism, but no heart disease. Dr. Barlow sent him home, and, although the temperature did not rise above normal, prescribed salicylate of soda. A mitral murmur developed, so he could say these nodules make one look out for a form of rheumatism apt to attack the heart. The view put forward by himself and Dr. Warner was that these nodules were outgrowths of fibrous tissue, analogous to the simple vegetations found on cardiac valves—i.e., the slow change in the mitral valve which may protect the valve without causing any fibrinous deposit upon it.—Mr. GODLEE asked what structure was affected by these rheumatic nodules, for in a case supposed to be ganglion on the palm of the hand there were nodules on the palmar fasciæ. On searching he found many nodules elsewhere, and detected a bruit at the heart.—Dr. BARLOW had satisfied himself that these nodules were attached to the deep fasciæ. It had been asserted that the periosteum was their seat; but this is not the case; it is the deep fascia, and often the tendons.—Mr. BARKER believed he had seen these nodes in a middle-aged woman, between forty and fifty, suffering from rheumatic arthritis.—Mr. TRAVERS mentioned a case in a patient forty-five years old. It was a severe attack of acute rheumatism, with high temperature. The nodules which appeared on the right elbow and the patella caused some pain; there was no cardiac disease. The nodules eventually disappeared. This case was not benefited by salicin.—Mr. GOLDING BIRD asked whether the nodules were allied to Dupuytren's contraction of the fingers. Some years ago he saw a case of this affection in an early stage in a woman of forty-five; there were nodules on the palmar fasciæ adherent to the skin and tendons. No rheumatic pains. Observed for some months, the nodules gradually diminished under iodide of potassium. They had since recurred. The fingers were not much bent, and under treatment could be straightened.—Dr. DUCKWORTH, in reply, took the opportunity of stating that English literature was much indebted to Dr. Barlow and Dr. Warner for their papers on this subject at the Congress last year. He believed Mr. Parker had examined these nodules microscopically, and found them to consist of delicate fibroid tissue. They come and go quickly, lasting in one of his cases for six months, the longest recorded. As to age, the majority of cases are in young people, but he had seen cases in old people.

OBSTETRICAL SOCIETY OF LONDON.

A MEETING of this Society was held on Wednesday, Nov. 1st, 1882, Dr. J. Matthews Duncan, President, in the chair.

Interstitial or Tubo-uterine Gestation.—Mr. ALBAN DORAN exhibited a specimen of this condition. The gestation cyst was situated at the right side of the fundus uteri. At the anterior and outer aspect of the cyst the round ligament sprang from it, and the Fallopian tube passed into it, expanding as it did so into a funnel-shaped orifice. At the opposite aspect the cyst bulged into the uterine cavity, and a bristle could be passed from the uterus through the tube into the cyst; the tube being here also dilated into a funnel shape at its entrance into the cyst. The tubal origin of the cyst was thus proved. It had burst at the second month. There was a corpus luteum in the right ovary. Mr. Doran had examined other cases of the kind in the London museums, and gave an account of them. He remarked on the rarity of the condition, and the tendency to early rupture. Had the abdomen been opened, amputation of the uterus would have been the only practicable treatment. He thought that cases in which development in a supposed hernial pouch of the uterus was suspected were probably tubo-uterine.

Cephalotribe.—Mr. C. E. JENNINGS exhibited an improved cephalotribe.

Hermaphrodite.—Dr. CHALMERS exhibited the genito-urinary organs of a child in which the internal parts were female, while the external resembled those of the male. The clitoris was grooved below, but not channeled.—Mr. DORAN said that grooving, and even channeling, of the clitoris was normal in some of the lower animals.—Dr. FANCOURT BARNES informed the Society that the child he had exhibited at the last meeting had since died, and proved to be a female.—Dr. CHAMPNEYS exhibited the genito-urinary organs of a female with extroversion of bladder, described by him in the St. Bartholomew's Hospital Reports. The external genitals were such as might belong to either sex.

Torsion of Cord.—Dr. CHALMERS also showed an Umbilical Cord presenting remarkable twisting and narrowing near the umbilicus.

Tumour of Placenta.—Dr. GALABIN showed (for Dr. J. C. ROBERTS) a placenta in which was embedded a tumour about the size and shape of an adult human heart. It was encapsuled, and on the uterine side covered by a complete layer of placental tissue. Near it were several small similar detached masses.

Description of a Kyphotic Pelvis, with Remarks on Breisky's Description.—This paper, by Dr. CHAMPNEYS, was read. The pelvis, except for slight asymmetry, and a process which the author termed "posterior spondylolisthesis," was a typical kyphotic pelvis. The author criticised Breisky's description, laying stress on the influence of sitting, which, in the kyphotic pelvis, he believed, increased the inversion of the tubera ischii, while in the flat pelvis it increased their eversion; the difference depending upon whether the deformity caused the tubera ischii to be inside or outside the line transmitting the body weight—i.e., the sacro-iliac synchondrosis.

Puerperal Diabetes.—A paper on this subject by Dr. MATTHEWS DUNCAN was read. The author pointed out the distinction between the slight glycosuria of pregnant and suckling women and real diabetes, with its polyuria and large amounts of sugar. Physicians and surgeons were well aware of the dangers introduced into their cases by complication with diabetes. But the subject of diabetes complicating pregnancy and parturition had attracted almost no attention, and this probably arose from its rarity, which might be accounted for by the disease frequently destroying in women the sexual energies, as it is said to do in man. The author had collected twenty-two cases in fifteen women, and they demonstrated the great gravity of the complication, as respects both mother and child. Of the twenty-two pregnancies (including those ending prematurely), four had a fatal result soon after delivery. In

seven of nineteen pregnancies in fourteen women the child, after reaching a viable age, died during pregnancy. In two the child was born feeble, and died in a few hours, making an unsuccessful issue in nine of nineteen pregnancies. The histories showed that diabetes may intervene on pregnancy; that it may occur only during pregnancy, being absent at other times; that it may cease with the cessation of pregnancy; that it may come on after parturition; that it may not come on in a pregnancy occurring after its cure. They showed that pregnancy may occur in a diabetic woman; that it may be not appreciably affected in its natural progress and termination by the disease; that it is very liable to be interrupted by death of the fœtus.—Dr. JOHN WILLIAMS thought that these cases were less infrequent than, owing to the fact that the urine was not always examined, was supposed. He had met with four. A trace of sugar in the urine was common, but this was not diabetes.—Dr. ROBERT BARNES had investigated the condition of the urine in pregnancy as to albumen, urea, and sugar. The occurrence of sugar was physiological, though not constant. Sinéty had shown that sugar appeared in the urine when lactation was suppressed; this was of interest in connexion with the normal fatty change in the liver shown by Tarnier to occur in pregnancy. He (Dr. Barnes) drew a parallel between albuminuria and glycosuria during pregnancy. Both were physiological, but might pass the physiological boundary, and then grave accidents ensued.—Dr. CHAMPNEYS inquired as to the treatment.—Dr. CARTER said that the tendency of diabetics to collapse and coma would make us expect danger from pregnancy and labour.—The PRESIDENT said that the terribly fatal complication he had been describing had no relation to normal glycosuria. He thought, with Dr. Williams, that attention having been drawn to the subject, more cases would be published. He could lay down no special rules as to treatment.

On the Treatment of Post-partum Hæmorrhage by Hypodermic Injections of Ergotinine.—A paper on this subject, by Dr. C. CHAHBAZIAN (Paris) was read. Ergotinine was the alkaloid of ergot of rye; insoluble in water, soluble in alcohol or chloroform. One pound of powdered ergot yielded three grains of ergotinine. It was indicated in post-partum hæmorrhage due to imperfect contraction of the uterus. The dose for hypodermic injection was five to ten minims of a solution containing one-fiftieth of a grain in twenty minims. This might be repeated if necessary, but more than twenty minims should not be given. This produced strong and permanent contraction of the uterus, acted more quickly than ergotine (which was only an extract of ergot), and did not cause local abscesses or indurations. Ergotinine was to ergotine as morphia to extract of opium. It was discovered and prepared by Tanret of Paris.—Dr. CHAMPNEYS inquired how long ergotinine would keep.—Dr. WILTSHIRE suggested that the hypodermic injection of ether might with advantage be combined with that of ergotinine.—Dr. BRUNTON asked how long ergotinine took to act.—Dr. CHAHBAZIAN said that uterine contraction usually came on in from two to five minutes after the injection of ergotinine. He could not say how long ergotinine would keep.

Reviews and Notices of Books.

Chapters in the History of the Insane in the British Isles. By D. HACK TUKE, M.D., F.R.C.P. London: Kegan Paul, Trench, and Co.

DR. HACK TUKE'S work is an addition to the literature of insanity that was greatly needed; it has been executed at the right time, and the author is in every way qualified for the work he has undertaken. His book manifests a wide and liberal comprehension of this subject; bears evidence of a most intimate and thorough knowledge of all relating thereto; and shows a most laborious, exhaustive, and painstaking power of research, together with an impartiality and freedom from prejudice, most remarkable in one so intimately connected with and so deeply interested in his subject. The wish might perhaps be expressed that Dr. Tuke had not been so simply historic, but had at times appended his own conclusions in regard to the opposing opinions so clearly and fairly stated. In manner the facts are well put and interestingly associated. The book will not only be a medical classic, but will be read with interest by laymen, and may thus greatly aid in dispelling the ignorance that exists in the public mind in regard to asylums and the treatment of the insane.

The early chapters trace the popular idea of insanity, from the belief in demoniacal possession prevalent in early Saxon times, to the later beliefs in witchcraft and peccant humours in the blood. Side by side with this, the treatment is given, often amusing, in the mixture of exorcism, of superstitious spells, and of emetics and purgatives, with flagellation.

The history of Bethlem and St. Luke's displays a great amount of interesting antiquarian research, and affords an opportunity for the comparison of the former and present treatment of the insane by the introduction of plates representing a ward in Bethlem in 1745 and one at the present day, the details of which are more convincing than any words could be. A sketch of the miserable state of lunatic asylums in England, emphasised by the unfavourable comparison made by John Howard between St. Luke's and an asylum in Constantinople, is followed by the history of the foundation of the York Retreat in 1792 by William Tuke, the grandfather of the author. The principles for the moral treatment of the insane, laid down by this noble man, and quoted here, must ever remain as fundamental truths.

The history of the legislation for lunatics is next carefully traced, with the date of establishment and cost of the various principal asylums, acknowledgment being made of the great share taken in this work by the present chairman of the Lunacy Commission, Lord Shaftesbury.

In the next chapter the development of the non-restraint system is shown. The first efforts were made at the Lincoln Asylum by Dr. Charlesworth from 1819 to 1835, and from that date to 1839 by Mr. Gardiner Hill, who was the first to assert the principle of the entire abolition of mechanical restraint. Drawbacks in the shape of broken ribs, &c., at the Lincoln Asylum, as Dr. Tuke points out, might have produced a reaction but for Dr. Conolly's success at Hanwell, leading to the almost universal adoption of the principle in Great Britain. The disadvantage of large asylums in the loss of "individual and responsible supervision" is quoted from the Report of the Commissioners in Lunacy for 1857; regret must be expressed that this principle has been so much lost sight of in later years. The assertion made in the same report that large asylums are more costly than small is refuted by statistics, in an appendix. It should be remembered, however, that an economy may be apparent only.

Chancery Lunatics form the subject of another chapter, in which Dr. Lockhart Robertson's comparison of the 34·6 per cent. of those patients treated in private houses with the 6 per cent. of private patients so treated under the Lunacy Commissioners is reproduced.

In the chapter on Idiots and Imbeciles attention is drawn to the fact that accommodation for the teaching and training of this class in England is only provided for 1147, or 3 per cent. of the estimated total in the population. Dr. Tuke advises the establishment of additional training institutions, and quotes the conclusions of the Charity Organisation Society on this subject.

The history of the insane in Scotland is given in a very interesting form. It is noteworthy that so early as 1838, in some Scotch asylums amusements and employment were very fully carried out, while in 1855 the condition of the insane in many others was of a deplorable character. The points of treatment coming into vogue in Scotch asylums are also dwelt upon, such as the abolition of airing courts, the open door system, and liberty on parole.

In Ireland, so late as 1815, it was reported to a special

commission "that when a strong peasant becomes insane the only way they have to manage is by making a hole in the floor of the cabin, not high enough for the person to stand up in, with a crib over it to prevent his getting up." Dr. Tuke traces, with his usual care, the legislation by which this condition of things has been amended.

The book concludes with the interesting address on the progress of psychological medicine during the last forty years, delivered by Dr. Tuke to the Psychological Association in 1881.

No one can arise from the perusal of this work without feeling an increased interest in the advancement of the humane treatment of the insane; and the hope may be expressed that this book may exercise an important influence in preventing the principle of "personal treatment," advocated by his illustrious ancestor, from being overlooked or ignored, in the tendency to excessive size in asylums, which an erroneous idea of economy is now developing.

Die Öffentliche Reconvalescentenpflege. Von Dr. PAUL GUETERBOCK. Leipzig: F. C. Vogel. 1882.

THIS work relates to the treatment and management of convalescents in homes and in hospitals. All points connected with this subject are discussed fully in every detail, so as to make the volume extremely valuable for purposes of reference. The first portion of the work especially aims at establishing beyond all question the necessity for the existence of convalescent institutions, and the importance of treating convalescents from a public health point of view. After considering most of the details connected with their situation, construction, and management, the author gives a plan and account of the asylum at Vincennes, and another of Burdett's "Convalescent Cottage Hospital." He takes these two as typical examples of what convalescent hospitals should be, although they are constructed on different principles. The vexed question of day rooms is fully gone into, and although Dr. Gueterbock approves of them as a whole, still he recognises Miss Nightingale's objection as to the difficulty of preserving discipline in them. He insists that patients recovering from chronic maladies should be just as much entitled to admission as those after acute diseases, and also that the treatment of convalescents should not be considered purely as a matter of charity. The second part of the volume is devoted to the special consideration of the working of the system in those European countries where it may be regarded as having taken firm root—namely, in Germany, England, and France, brief mention also being made of Italy, the Netherlands, and United States of America. It is flattering to read page after page of testimony to the efficiency and excellence of the English establishments. The boarding-out system is also highly extolled; although the author wisely remarks on the necessity of a very careful choice of boarders, not so much on account of their special ailments as of their moral character and social condition; in his opinion it is especially of advantage in chronic cases. Dr. Gueterbock, however, has apparently not become acquainted with the excellent results of the system obtained in connexion with the Cork Union, which were published not long ago in THE LANCET. In conclusion, the volume dwells upon the position of Germany as regards public convalescence; and the author deplores the backwardness of his own country and the lack of interest taken in the question by its people. We can cordially recommend Dr. Gueterbock's book; it is sound, practical, and thoroughly trustworthy, and fully maintains the credit the German school has obtained for producing works of solid information based on industrious research and high scholarship.

The Journal of Anatomy and Physiology. Conducted by Professors G. M. HUMPHRY, WM. TURNER, and J. G. MCKENDRICK. Vol. XVII., Part 1. October, 1882. London: Macmillan and Co.

THIS number contains eleven articles, namely:—1. The Lymphatics of the Walls of the Larger Bloodvessels and Lymphatics, by George and Elizabeth Hoggan. 2. Micrococcus Poisoning, by Alex. Ogston. 3. Omphalo-Mesenteric Remains in Mammals, by Dr. W. Allen. 4. The Action of Saline Cathartics, by Matthew Hay. 5. A hitherto undescribed Fracture of the Astragalus, by Francis Shepherd. 6. A Secondary Astragalus in the Human Foot, by William Turner. 7. Note on the Rectus Abdominis et Sternalis Muscle, by G. E. Dobson. 8. Ectopia Vesicæ, and other Imperfections of Development in a New-born Infant, by Francis Ogston. 9. Nickel and Cobalt, their Physiological Action on the Animal Organism, by Dr. Anderson Stuart. 10. A Kerato-thyro-hyoid Muscle as a Variation in Human Anatomy, by S. G. Shattock. 11. Cæsalpino and Harvey, by Professor Humphry.

Analytical Records.

SNOW'S CARBOLISED EAU-DE-COLOGNE AND LAVENDER-WATER.

(R. SNOW & CO., SHAFTESBURY-ROAD, LONDON, W.)

IT is curious how little the carbolic acid in these preparations interferes with the delicate perfumes with which it is mixed. It can just be perceived, and that is all; and yet it exercises a marked disinfectant action on the air of a sick-room.

VASCON. (SPANISH RED WINE.)

(GRITTEN & POOLEY, CHAPEL-PLACE, OXFORD-STREET.)

Several good Spanish wines of the Bordeaux or Burgundy type have lately come before us. Vascon is a wine of the same class. It is a genuine, sound, and somewhat full-bodied wine, decidedly superior, in our opinion, to most if not all French wines sold at the same price. It is evident that for ordinary unfortified table wines we need no longer depend entirely on France and Germany.

WHEELER'S EMULSIO PICIS LIQUIDÆ.

This is a brown viscid fluid, representing, in a convenient form, the constituents of wood tar. Of the value of tar as a medicinal agent there can be no question. As an external application it is largely employed in many forms of skin disease, especially the scaly varieties; whilst internally it is used with advantage in the treatment of chronic bronchitis and other affections of the mucous membranes. For the preparation of tar-water, it is recommended that the emulsion should be diluted with forty parts of water, and the mixture filtered. As a disinfectant a somewhat weaker solution would suffice.

ADEPSINE (PURE WHITE AND ORANGE-YELLOW).

Prepared under the direction of Prof. Dr. R. Fresenius.

(WILLERINGHAUS, KLINKER, & CO., HAMSELL-ST., LONDON, E.C.)

This is a petroleum product sold in several forms—white and yellow, solid and liquid. The liquid oil is a remarkable substance. It is rather more limpid than olive oil, is perfectly free from taste and smell, and is so stable that it is hardly attacked by sulphuric acid, caustic soda, or metallic sodium. Such an oil cannot become rancid, and is admirably adapted for surgical use. White adepsine is really absolutely white, and, like the liquid, is perfectly free from taste and smell. It is of about the consistence of ordinary lip-salve, and is an excellent ointment for the skin.

THE LANCET.

LONDON: SATURDAY, DECEMBER 2, 1882.

THE actual value of new discoveries in science can never be at once appraised. It is long before the true relations of fresh facts can be ascertained. They are magnified by the halo of novelty which surrounds them, and which itself depends on the mists of ignorance that prevent us from estimating the proportions, and discerning the position, of a new light in the sky of science. Sometimes a discovery at first is undervalued. Modest and unobtrusive in appearance, its significance is only realised when long-continued observation has shown its true position, or revealed the order to which it is the key. Much more frequently the influence of a new discovery is over estimated. Expectation is aroused by the trumpet-blasts which herald its approach, and the discovery is received with universal acclamation, as explaining all things, or about to explain them—as effecting all things, or about to effect them. This is rarely the fault of the discoverers themselves. New facts are never brought to light but after long and patient search, and he who is most familiar with the region in which the discovery is made is least likely to exaggerate the value of the fresh-found truth. Of no advance in medical science is this more probably true than of the wave of discovery on the crest of which pathologists now find themselves. Far be it from us to undervalue the remarkable facts of the relation of living organisms to disease, which have been ascertained by the not less remarkable investigations of the recent years. Their profound importance is beyond all question, and they will certainly constitute a chief landmark of the progress of medical science in the present century. But in the profession, and even more outside it, there has been, and still is, a widespread expectation of practical results of the highest importance from these discoveries—an expectation of an immediate and vast increase in our power of dealing with disease, of preventing its occurrence, and of curing it when it has developed. A caution is needed against such exaggerated expectation. That "knowledge is power" is not, alas! an aphorism of universal application. Doubtless, no great advance in our knowledge of disease can ever occur without entailing some increase in our power of coping with it, but every consequence does not closely follow its cause, and though knowledge comes, wisdom, its practical application, lingers on the way. It may be doubted whether there is at present any satisfactory evidence that these discoveries have yielded the slightest increased power of dealing with the diseases of mankind. Most, if not all, the means of treatment and of prevention, which they suggest, have been in use before, and if they have suggested some new methods, the value of these has not yet been proved by practical results. The discoveries enable us to understand the *modus operandi* of certain influences, morbific and therapeutic, more clearly than before, but there are others on which these new facts do not at present throw the faintest light.

We may take as an instance the remarkable discoveries regarding the relation of bacteria to tuberculosis. These have been at once received as evidence of the contagiousness of phthisis. All that they really do is to enable us to understand how phthisis may be contagious. They afford no proof that it is, and at present there is no more evidence of its contagious character than there was before. Rare instances of its apparent communication from one person to another have long been recorded, and before the discovery of the organisms there was some evidence—not very strong, however—to show that the disease may be produced by the consumption of the flesh of diseased animals, and still slighter evidence that it may be contracted from milk. But this is all. Indeed, so far as the indirect influence of the discovery can be traced, it has rather increased the evidence to show that the disease is not contagious, for it has led to the collection of facts, such as those lately published by Dr. THEODORE WILLIAMS, which prove that the conditions of aggregation, which conduce most powerfully to the extension of really contagious diseases from the sick to the well, are without influence in the case of phthisis. On the other hand, the discovery of the bacteria has increased the difficulty of explaining the influence of heredity, and still more the influence of subsoil drainage on the occurrence of the disease, so ably worked out by Dr. BUCHANAN. It has led to the adoption of antiseptic expedients in the treatment of phthisis, to the suggestion of numerous inhalers and inhalations but there is at present no evidence of their specific utility to the patients, although there is considerable evidence that they are of practical value as a means of displaying the names of physicians on the counters of chemists.

The discoveries and inferences regarding the relation of organisms to acute specific diseases force the same conclusions upon us, and also upon others, if we may judge from the cautious utterance upon the subject which Prof. JACCOUD lately delivered, in a lecture inaugural to his course of medicine at Paris. The question of the origin, prevention, and treatment of the acute specific diseases of man remains exactly as before the discovery of the relation of special organisms to some of them. Very wisely does Prof. JACCOUD warn his hearers against the "exclusivism" which would regard the bacteria as all and everything in the pathology of disease. He reminds us that the liquids in which bacteria grow have been proved to have toxic properties apart from the formed organisms, and that even the right to accuse bacteria of being the infective agents where they have been found, does not give us the right to accuse them where they have not been found. It is still unproved whether the different bacteria are of specific nature, or whether they acquire specificity under certain conditions of development. "Knowing," he concludes, "the influence of the infected bacteria, we know one of the agents—say, if you will, the most powerful agent—in the diffusion and conservation of infectious diseases; but this conception still leaves us as ignorant of the morbid poison itself, leaves us as powerless in direct prophylaxis, as we were when we spoke of miasma instead of bacteria. Now, as then, we can only learn the real causes of these diseases by ascertaining the conditions in which the infective agents, judged by their effects, arise; by ascertaining the circumstances which limit or facilitate their diffusion; and by ascer-

taining what conditions, cosmical and personal, are opportune for their development."

THERE can be no doubt of the vast importance of, as well as the necessity for, the effectual practical teaching of Midwifery in our medical schools. The great majority of all those who engage in the private practice of medicine are called upon to attend women during their lying-in. A very large proportion of women who suffer from diseases peculiar to their sex refer their suffering to a previous labour, and justly. It has been proved that the mortality in childbed is very great—about 1 in 120; and in all cases of difficult labour two lives, that of the child and that of the mother, are at stake. These facts sufficiently testify to the importance of midwifery as a branch of medical education, as well as to the necessity of teaching our students the practical details and management of labour in all its varieties. The methods adopted in the English schools differ materially from those in use on the Continent. In France, Germany, and Austria large lying-in hospitals are common, and it is not an infrequent practice to conduct difficult cases of labour in the theatre before a crowd of students when any obstetric operation is to be performed. In this country, on the other hand, such practice is unknown, and the sentiment of the public would doubtless be altogether opposed to its adoption. At the same time, if the practice were of such value that it supplied the student with a knowledge of operative midwifery which he could not otherwise obtain, and in this way proved conducive to the safety of the public, poor as well as rich, the sentiment would be unreasonable, and should be as far as possible treated accordingly.

Operations in midwifery differ from most other operations in this—that they are performed, not under the guidance of the eye, or of the eye and the touch, but of the touch alone. They are done within the pelvis, and little or nothing is to be seen; and witnessing the forceps applied, the perforator used, internal version or any other purely obstetric operation performed, can give the student little or no idea of the manipulation necessary to their safe performance. He can acquire a knowledge of the subject only by doing such operations himself. This knowledge would of course be best acquired on the living subject, under the supervision of a competent teacher. Cases of operative midwifery are, however, not so frequent as to permit of this, and we have to fall back on the next best alternative—operating on a well-made model. By the latter method the student can acquire a fair knowledge of the use of instruments, as well as a certain amount of skill in obstetric manipulation—a knowledge which will enable him to operate successfully and without inflicting injury in the great majority of cases. A knowledge of how to use instruments is not more important in operative midwifery than a knowledge of when to use them. The latter is far more difficult of acquisition than the former. Examination in the living pelvis alone can supply it; and it is in the education of the student in this part of midwifery that lying-in hospitals may prove of the greatest value. There are in London a considerable number of large maternity charities, in some of which thousands of women are attended every year, others in which the patients are counted by hundreds. Several of the largest are connected with our medical schools, and the cases are attended by students. There are others in which all the work is done by midwives, under the supervision of physicians. This material is enormous; but it is not possible at present, and as the work is now carried out, to make the best use of it in the interest of the public or of the student. For teaching purposes a great part of it is not available. The women attended by the students from our schools dwell in wretched rooms scattered over wide areas, so that not more than one can benefit by each case, and it is not possible for that one even to derive that legitimate advantage from it which he would derive were the patients gathered within a small area where the teacher could personally superintend the labours. For this object lying-in hospitals are necessary, and nothing else can supply their place. There are four lying-in hospitals in London, and, with one exception, there is not the least attempt to utilise the material in them for teaching purposes. We cannot but think that it would be greatly to the benefit of the public, and especially of the poorer classes, were these made teaching in addition to charitable institutions, and were students of our medical schools permitted to enter them under some strict regulations. There would be no difficulty in drawing out a working plan which would prove mutually beneficial to institutions and students, as well as safe for patients.

WHEN commenting on the Report of the Royal Commission on Small-pox and Fever Hospitals, we referred incidentally to a proposal by Dr. BURDON-SANDERSON, F.R.S., for the construction of small-pox hospitals in such a manner that none of the hospital air could leave the hospital buildings without being first submitted to such a heat as would effectually destroy all organic and infective matter. Since then we find that the subject has received attention elsewhere, and there is evidently an increasing desire so to deal with our future small-pox hospitals as to prevent their becoming possible centres of infection, either by means of aerial diffusion or otherwise.

Dr. BURDON-SANDERSON'S proposal is to construct a hospital with one ward, for twelve patients, of an annular shape on a floor slightly raised above the surrounding ground, and if necessary to increase the accommodation by the construction of one or two more similar wards on a second and third storey. In the outer wall of the annular ward, and just above the floor level, are a series of openings into the external air, and in the inner wall, above the head of each patient's bed, and immediately opposite each of these openings, is a similar opening leading to a chamber which forms the centre of the ring. It is intended that this chamber shall be fitted with an extraction-fan, and in its roof would be fixed a gas furnace. All the windows would consist of fixed sheets of glass, and with the exception of doors carefully guarded by springs, and communicating with a corridor, there would, apart from the apertures in the outer wall of the ward, be absolutely no openings into the external air. Under these conditions, and by the aid of the fan in the central chamber, it is alleged that the air, having first passed over hot-water pipes, would be drawn into the ward through the openings in the external wall, that it would be conveyed at the rate of about one mile an hour over each

patient's bed, and that the beds being guarded on either side by septa projecting into the ward, the air would pass out of the openings near the ceiling level in the inner wall of the ring, from which point it would be drawn by the fan up into the furnace. By means of this operation each patient, having 1200 cubic feet of ward space, would be provided with 10,000 cubic feet of air per hour, and thus it would seem that a quarter of a million cubic feet of air per patient per diem would have to be treated by heat. Dr. BURDON-SANDERSON, as the result of his experiments, anticipates that no difficulty would be experienced in securing this end, and he has shown in his description of the proposed hospital how the various necessary administrative details could be attended to without disadvantage to the patients or the staff.

Another scheme, prepared before the publication of the Report of the Commission, was recently submitted to the Leeds Corporation by Messrs. HARDING, engineers of that town. According to this plan, inlets for fresh air are placed above windows which consist of fixed sheets of glass, and over each patient's bed is a funnel-shaped hood, communicating with a tube which passes round the walls of an ordinary oblong ward, and is then conveyed beneath the flooring to a furnace in an adjoining apartment. The furnace thus exercises an extracting power, and it is assumed not only that none of the air-inlets will become outlets, but that all the ward air will gradually be drawn up the hoods over the beds, and so on to the surface of the fire, where it would be deprived of its infectious qualities.

The principal difficulty which we anticipate in the actual working of a hospital in which every movement of air and all ventilation must, in order to complete success, be dealt with artificially, and in which all air must be drawn out of, instead of driven into, the building, is that of ensuring that none of the openings into the external air shall, under any circumstances, become outlets instead of inlets. Artificial methods of ventilation seldom answer all the ends they were hoped to have attained, and even where the current of air is with certainty directed into the intended channel it is often done at the expense of creating draughts. Of the two schemes we have noticed, we cannot but think that the desired end is more likely to be gained by the plan submitted to the Royal Commission by Dr. BURDON-SANDERSON. The warmer air in the upper part of the ward is the air which it is most essential to remove, and this would perhaps be best secured by making the outlets at a much higher level than the inlets, and by fitting both the machinery of the fan and the furnace with gas, which would continue to work without the need of that constant supervision which always becomes necessary in the case of an ordinary furnace dependent for its efficient working on human labour. Under any circumstances, if the temperature to which the out-going air were subjected in the furnace could be maintained at such a height as to ensure the destruction of all its organic matter with such instantaneous rapidity as would be essential, owing to the necessary velocity of the air-current, a very large proportion, if not all, of the infected air emanating from the patients would be destroyed before it left the hospital buildings, and such portion of it as might find egress by air inlets not sufficiently under the control of the general ventilating machinery, would probably be so small that even in connexion with a building containing some thirty-six beds, it would never lead to that mischievous condition of atmosphere in the neighbourhood of the hospital which appears to need for its production the aerial emanations of an aggregation of at least some such number as thirty small-pox patients. In short, it is quite possible the suggestions which we have commented on in this article may ultimately be found to indicate a remedy for the dangers which have been shown to attend upon the isolation of any large number of small-pox patients in the neighbourhood of centres of population.

AMONG the causes which lead to the numerous rejections at the College of Surgeons and some other examining boards, we must not omit to take into account that very important one which in many cases lies at the root of the matter—viz., an imperfect preliminary or school education. This has been brought forcibly under notice by the results of the examination instituted last September, at the suggestion of the Medical Council, by the Cambridge Local Examination Board, and also by the September examination held by the College of Preceptors. In both these examinations the rejections were very numerous, and the ignorance displayed by many of the candidates was remarkable. The seriousness of this deficiency can scarcely be over-estimated. If the foundation-stone of education laid at school be bad, the probability is that the whole subsequent structure will be bad also. The ill-trained schoolboy will prove an indifferent medical student; will probably be rejected at the examinations; and when, after sundry failures he manages to pass through the portals of the profession he is not likely to meet with great success in it. Whatever may be the urriculum of medical education, whatever may be the provisions and arrangements of examining boards, whatever may be the efforts of authorities and of teachers—from the Medical Council to the private tutor,—this radical school defect cannot be overcome. To it we would call the serious attention of parents and schoolmasters, and all who have the charge of boys intended for the medical profession. Even from a pecuniary point of view the curtailment of school education is the worst economy. It probably entails rejection, with attendant disgrace, at the medical examinations; a longer period, with proportionate expense, in medical education; and a lower status in the profession. As the lad starts from school, so will he usually go on in the profession. The measure of his success in the latter may commonly be estimated by the quality of his school training and his proficiency in school knowledge. It matters not so much *what* he has learned as *how* he has learned it. The tendency, perhaps, is to sacrifice quality in learning to quantity. A little well and thoroughly mastered is far better than a larger amount held loosely and indifferently. Let a good school be carefully chosen, a school in which there is some assurance that the subjects, whether linguistic, mathematical, or physical, are well taught, with a view to the mental training of the boys, and let the parents or guardians have an eye on the matter, and ascertain for themselves that this is being done, and evince their anxiety about the school teaching as well as about the school games—about the mental as well as about the bodily gymnastics; in short, use their best endeavours that a sound educational

basis has been laid before the boys enter upon their medical studies. They may then have good confidence that the result will be satisfactory; at any rate they will not have themselves to blame if it be otherwise. We are well aware that a variety of qualities, mental, moral, and physical, combine to give success in the medical profession. There is scope in it for a greater variety than, perhaps, in any other line of life. In no other do the personal element, the warmth of heart, the vigour of character, come so much into account. Happy are they to whom Heaven has granted these qualities in large measure; happier still, and certain of success in life, are they in whose case Heaven has added also the wise and continually watchful solicitude of parents that their early mental and moral training should be good.

Annotations.

"Ne quid nimis."

MEDICAL QUESTIONS IN PARLIAMENT.

A WEEKLY reference to this department of THE LANCET will show that few questions of any interest in medical or sanitary matters escape the attention of our reporter. No doubt many questions are put with little practical purpose, and some, it may be feared, with little more intention than to worry a minister or department; but, nevertheless, the power of questioning responsible ministers in their place in Parliament is a most valuable one, and leads sometimes to the correction of misrepresentations, sometimes to improved administration of the law, and sometimes to an amendment of the law itself. It is so difficult to get at the official and permanent heads of departments, and the forms of the House are withal so unfavourable to legislation, that if there were not the hope of doing some good by a plain and direct question to a minister, we should be ever so much worse off than we are. The use of questions in Parliament has been well illustrated in the present short and exceptional session of Parliament. In the very nature of it, work and legislation have been restricted to questions of procedure; but the questions put have covered a large amount of ground, and have elicited information as to facts and as to the intentions and views of Government which is interesting. The questions have ranged from the therapeutical value of phosphate of potash in scurvy, or the efficiency of the conduct of the medical officers of the expedition in Egypt, to the importation of drugs into Japan, or to the better supervision and education of the children of gipsies and other nomads. The answers, if for nothing else, are always worth attention for their discretion, and for what moralists would call the "economical" amount of reply and information they contain.

THE PARKES MUSEUM.

THE newly appointed Council of the Parkes Museum have entered upon their work with a becoming sense of the possible importance of the institution over which they have been called upon to rule. They have, rightly we think, determined to go to very considerable expense before opening the museum to the public, and there can be no doubt that the work which is now being carried out in the new premises will add immensely to the efficiency of the museum as a centre for the practical teaching of hygiene. It has been determined to considerably enlarge the existing skylight of the chief hall of the museum, and to carry a light ornamental iron gallery completely round the main hall and the council-room, which will also be used as a library. These alterations will entail an expenditure of nearly four hundred pounds, and the Council very properly hesitated to embark on such an undertaking without seeing its way with tolerable clearness to the source whence the necessary funds were to be derived, and it is right to state that the ability of the Council to proceed with this most necessary work is due to the public-spirited action of its individual members, who have given donations or promised subscriptions which we believe amount to nearly £500 in the aggregate. This action on the part of the Council, composed as it is entirely of professional men of high standing, will serve as a guarantee of their earnestness and *bona fides* in the work which they have in hand, and will certainly ensure an adequate and loyal support for the museum from the professional and general public. Not only have the gallery and new skylight been determined upon, but, as we have already mentioned, the whole of the drainage arrangements have been undertaken by Mr. Rogers Field, who has generously offered to superintend their construction and bear the whole expense of them. These arrangements will be so constructed that they will admit of ready display for the purposes of teaching. With regard to the heating arrangements, the Council have determined to utilise for this purpose as great a variety of apparatus as possible. More than one of the stoves and grates which were premiated at the Smoke Abatement Exhibition will be used, and economy of fuel, consumption of smoke, and the combination of heating and ventilating, are the principles which are guiding the Council in their selection. One fire-place is, we understand, to be constructed on the principle advocated by Mr. Fletcher of Warrington, and this work will be carried out under the personal supervision of Captain Douglas Galton, the Chairman of Council, whose practical knowledge of heating is well known. The details of the lighting have not yet been finally settled, but on one point we understand the Council to be unanimous—namely, that no gas-lamp shall be admitted to the museum which does not provide for the escape of the products of combustion from the apartment. Now that the museum has ceased to be connected with any one place of instruction, it will be of considerably more service than heretofore to all teachers of hygiene in the metropolis or its neighbourhood, and it is contemplated to give every facility to teachers and lecturers at medical schools and elsewhere for bringing their students to the museum for the purpose of practical instruction. The room appropriated for a council-room and library is admirably adapted for its purpose, and the gradually increasing number of works and periodicals bearing on sanitary subjects which are to be found upon its shelves cannot but prove an attraction to students, and a strong inducement for all who are interested in the museum to take up their membership. All who may wish to become members of the museum should communicate with the Secretary, Hon. Secretary (Dr. Dawson Williams), or the Treasurer (Mr. Berkeley Hill). All letters should be addressed to the Parkes Museum, 74A, Margaret-street, W.

HEALTH OF THE TROOPS IN EGYPT.

WE are happy to learn that the latest intelligence from Egypt shows an improvement in the health of the troops, the percentage of sick having fallen to ten, and the mortality from all causes, including enteric fever, being much diminished. The information on the subject of the sickness and mortality has been very meagre, nothing having as yet been published officially. But, accepting as correct the numbers transmitted from Cairo, it appears that in the force stationed there, numbering 8725, there have been 1683 admissions and 51 deaths from Nov. 1st to Nov. 26th, inclusive. These figures give the annual ratio of 271 admissions and 8·21 per cent. of the strength. Considering the hardships the troops had gone through, and the causes of disease to which they had unavoidably been exposed, especially the condition

of the water which for some time they were compelled to drink, this rate does not appear to be greater than might have been expected; indeed, it is much under what occurs frequently at stations in India, where the troops have not been exposed to any unusual hardship or privation. If the returns for the whole of the troops in Egypt were published the results would probably be much more favourable; and, considering the reduction which is now steadily taking place both in the fresh cases of sickness and in the number of deaths, we think there is every reason to hope that the health of the troops will soon reach a satisfactory standard.

RHEUMATISM OF THE BRONCHI.

UNDER the rather alarming, if etymologically accurate, title of "rheumatic leucoïnoitis," Dr. Buckler, of Paris, contributes to the current number of the *American Journal of Medical Sciences* a paper of some interest and value. He states that for many years past he has believed in the existence of a condition of inflammation of the bronchial tubes in which the fibrous structures are primarily and perhaps solely involved. It is a condition which he thinks is remarkably frequent, and of considerable gravity, from the secondary pneumonia it is liable to induce. Moreover, by the recognition of such an affection, he maintains that we are able to complete the clinical picture of bronchitis which Laennec left unfinished, and may find here especially an explanation of those severe and persistent cases of so-called "dry catarrh" the pathology of which is veiled in obscurity. It is, as we have indicated, many years since Dr. Buckler first wrote on the subject, and, as he himself relates, he has had to encounter much difficulty in the acceptance of his views. He has therefore returned to the subject with the additional force of several marked examples of the affection, which he maintains to be distinctly of a rheumatic character, from its supervening in the course of acute rheumatism, and from its occurrence under conditions favourable to the production of rheumatism, as well, finally, from the state of the urinary excretion. As to the physical signs of rheumatic "leucoïnoitis," they are as notable for their absence as snakes in Iceland. Indeed, the diagnosis is based upon a continued, distressing, hard, dry cough, for which physical examination reveals no sign; the mucous membrane not being swollen or inflamed, there is presumably no change in the calibre of the tubes and no excess of bronchial secretion, and the bronchitis is therefore *mute*. But in several cases the condition leads to pneumonia, or at any rate to pulmonary engorgement, which is made manifest by physical examination. Dr. Buckler goes so far as to attribute the excessive mortality from bronchitis, especially that which occurs in London during the prolonged prevalence of fogs, mainly to this hitherto unrecognised affection; and he details the case of a patient who attributed his ailment to this cause. He was a man of about forty years of age, and always of good health. He said, in answer to Dr. Buckler's queries: "I got this cough at the time of the great London fog which happened nearly eight weeks ago; it has been all the time the same as I have it now. I went for three weeks as an out-patient to the Westminster Hospital, but at the end of that time my cough was no better than when I first went there. My worst spell of coughing begins about four o'clock every morning, and continues usually without little stop until seven. I have never had the slightest pain. My appetite is good. Going upstairs makes me short-breathed, and causes a feeling of suffocation. I sleep well when not disturbed by cough." There was only an occasional faint sibilant râle, and Dr. Buckler thought there was some evidence of commencing pulmonary congestion. Acting on his view of the case, he prescribed salicylate of soda, with speedy relief to the bronchial symptoms; and it may be added, as to the treatment of these cases, he prescribes the salicylate except when the urine, instead of showing an excess of urates, is found on the ammonia test to contain an excess of phosphates, when fresh lemon-juice is most useful. How far Dr. Buckler's idea as to the prevalence of this form of rheumatism is borne out by general experience we do not know, but the profession will doubtless be prepared to test the validity of his contention and the value of the line of treatment he suggests.

THE WEIGHT OF WOMEN'S CLOTHES.

THIS is a phase of the dress question which has been too much overlooked. The clothes worn by women are, as a whole, far too heavy; and, by a perversity of fashion, they receive an enormous increment of weight at this season in the shape of cloaks or mantles of sealskin or plush with quilted linings. The attention of medical practitioners needs to be specially drawn to this matter, in order that they may remonstrate with their female patients, and also avoid misconception as to the actual strength of some who complain of fatigue in walking, which may be mistaken for a token of weakness, whereas it is only natural exhaustion from carrying a burden that few strong men would care to bear. There are even worse evils than mere fatigue consequent on the practice of loading the body feminine with the outrageously heavy outer garments now in vogue. Not only are the ordinary movements of the legs and arms injuriously impeded, but the waist is encircled as with a belt or hoop, to which a load heavier than a felon's chains is attached, and the shoulders and chest are compressed by an additional burden. Breathing is laboriously performed, and the contents of the trunk and pelvis are thrust down with a force which, if represented in pounds, would occasion considerable surprise. We venture to suggest that, as a matter of more than curiosity, medical men should ask their female patients to ascertain precisely the total weight of the clothes they wear in-doors and out. The matter is by no means unimportant. We have reason to think that not a few of the maladies from which women suffer acutely, and the general weakness and depression of the muscular and nervous system of which they very commonly complain, will be placed in an entirely new light when the facts to which we now call very serious attention are fully known.

THE "NON-RESTRAINT" LUNATIC SYSTEM IN AMERICA.

IT is amazing, as well as amusing, to read in a recent number of the *Boston Medical Journal* an announcement to the effect that the medical superintendent of an asylum numbering 800 (!) inmates, "many violent and noisy, making them difficult to control," has dared to adopt the non-restraint system. Of course it is only at one asylum that this temerity has been shown, and even there the doctor stands on his reserved right to restrain either by the usual devices or by the use of sedatives, if he thinks it necessary. By-and-by, if this sort of thing goes on, some one in connexion with a public hospital will be making the public hair stand on end, and at the same time earning for himself eternal gratitude, by venturing to give the victim of a formidable operation chloroform! Happily, however, it is only in respect to the management of the insane America lags about forty years behind the rest of the world and is now just beginning, in a very small and limited way, to perceive what other peoples have long recognised—namely, that insanity is not either a "visitation" or a crime, but simply a disease, which only needs to be treated on *medical* principles to be brought within the pale of human influences, when its victims will be found not less easily manageable than the sane,

DEATH IN PRISON.

WE regret, after only a short interval, to call attention to another death in prison under circumstances which call for explanation on the part of the Commissioners who are responsible for the working of the new Prison Act. In the present instance we are pleased, however, to state that no blame attaches to the officials in charge of the prisoner, and it was not their fault, nor that of the prison surgeon, that the deceased remained for several hours after the commencement of his fatal illness without medical relief being afforded, and in fact died before the medical officer of the prison could see him. The reason for this neglect is tersely stated in the evidence of the governor of the prison, "There are no arrangements under which, in event of any sudden illness or other emergency, and the surgeon or assistant-surgeon being absent from the town, I can call in another medical man to attend a prisoner." Such evidence is an emphatic condemnation of the niggard and parsimonious administration of our prisons under the working of the new Act. The unfortunate prisoner, who had been an inmate of Huntingdon Gaol for some time, was suffering from heart disease, on which account he had been excused from hard labour, and had been under treatment and visited every day, though apparently not ill enough for removal to the infirmary. On the day of his death he was taken ill at 6 A.M., he remained ill all the morning, and urgent symptoms developed till 11.40, when the authorities, becoming alarmed, sent off for the medical officer. This gentleman happened to be on his country rounds; the message reached him between 1.30 and 2 P.M., and he at once attended, but too late. The man was dead. The public, who know nothing of the conditions under which the Commissioners of Prisons secure medical attendance for the inmates of their gaols at the least possible expense, will probably feel inclined to lay the blame on the medical officer for being out of the way. It will be as well therefore to explain that the Commissioners, in order to secure medical services at as cheap a rate as possible, permit the holders of the appointment to engage in general practice. In this way they are enabled to secure the services of first-rate men for something like £100 or £200 a year, instead of paying £700 or £800, which would be the case if they were called upon to devote their whole time to prison duties. Now it is impossible for a man to be in two places at once, however zealous and energetic he may be, and therefore it is incumbent on the Commissioners to provide that in cases of emergencies, in the unavoidable absence of the prison surgeon, the nearest available medical man be called in to act for him till his return.

RESIDENTIAL CHAMBERS FOR STUDENTS.

WE have always most strongly urged the desirability of an institution on the lines of the "Union" Societies of Cambridge and Oxford for the benefit of the students in attendance at our London medical schools, and a plan by which good residential chambers could be made available for such of them as would desire to adopt a collegiate form of life would also be a great boon, if good management and a proper system of discipline could be insured. Without these they would be unmixed evils. We should, for our own part, prefer that the various schools and colleges themselves establish residential chambers, reading rooms, &c., rather than that a large central institution should be founded, for in the former case the management and discipline would devolve on the proper authorities instead of being casual and inefficient, as would be more likely to occur under the latter system. At King's College and at St. Bartholomew's such residences, although by no means sufficiently numerous and not properly supplemented by recreation rooms, &c., do exist, and are in much demand both by parents for their sons and by the students themselves. It would be a great advantage to medical students if chambers in connexion with the schools were general instead of being limited as at present, for undoubtedly many of the faults and much of the idleness now urged against those engaged in the study of our profession, are directly due to a want of supervision after lecture hours and to the dreariness and unsuitability of the lodgings in which, under the present *régime*, they are compelled to reside. We have our fears, however, whether any central scheme could secure the proper organisation essential to its success. A club—with reading and debating rooms, a gymnasium and a music room, &c.—is quite another and a more modest proposal. The necessary supervision and arrangements could be more easily arranged than if a residential college were added thereto. The "Unions" at the universities are very successful, and we can see no reason why, provided that it be worked by the proper authorities, and with great care and determination, a similar institution should not be well carried out in London, with signal advantage to the very numerous body of medical students now necessarily left to themselves in our metropolis. The dangers which threaten its success are obvious to every one, and can only be avoided by the use of circumspection and care at the outset, and to secure these great desiderata a very prudent selection of the executive is imperative. It is given to very few to understand the wants of the student and at the same time to command the qualities necessary to the successful management of a club or a residential college.

THE SANITARY STATE OF YORK.

THE recent report issued by Mr. W. S. North, medical officer of health for the City of York, and of which we gave an abstract last week, has attracted a large amount of attention. During the third quarter of the year there had been in York a very high mortality from zymotic diseases, and especially from diarrhœa, and this is, in the opinion of Mr. North, a marked indication of the general prevalence of bad sanitary conditions. Privies and ashpits in which human excreta and garbage lie decomposing, remain in certain parts of the city for weeks and even months without being cleaned out, polluting the air and soil by their filthy emanations and soakage. Ill-constructed drains, frequently passing under living rooms, convey foul air into dwellings; ill-ventilated sewers lead to sewer air being forced up house drains; and piggeries, cowhouses, and slaughter houses are a source of nuisance. These are essentially the conditions which, according to Mr. North, are calculated to lower the health of the inhabitants and to render people susceptible to disease. Especially are their effects noticed in the case of infants whose vitality cannot resist such noxious influences, and hence doubtless the large diarrhœa mortality for which York has become noted. At a recent meeting of the York Town Council several councillors gave evidence of their sense of the responsibility attaching to their position as members of a board dealing with the sanitary interests of the city, for though admitting that Mr. North's report had produced considerable consternation and surprise, they felt that they were fortunate in possessing as medical officer of health a gentleman who had the courage openly to state his opinion as to the sanitary shortcomings of the city. Others, it is true, held a different opinion; they would either have kept the matter quiet because of its damaging influence on the value of property within the city, or they would have solaced themselves and others by attributing the diarrhœa mortality to "atmospheric causes." They were, however, in a minority, the report was agreed to, and we may look hopefully towards the adoption of measures for the gradual extinction of conditions so injurious to health as those now obtaining in York. As regards fatal diarrhœa, we learn that two of its principal factors are at work in York. There is a steady overcrowding of houses

on site in progress, and hence the density of population in area is becoming a matter of serious importance. And not only so, but the limited open space about houses is occupied by conditions ensuring the pollution of the air breathed. The Town Council should set itself earnestly to remedy these conditions, on the one hand by adopting by-laws which will for the future ensure ample open space about newly erected houses, and on the other by securing a better system of closet and ashpit construction, together with regular and frequent scavenging. When these matters have been dealt with, and when sewers and drains have ceased to pollute the air which infants breathe, then it will be time enough to inquire whether the atmosphere is at fault in the production of an essentially preventable disease.

POISONOUS MUSHROOMS.

THE question of the poisonous nature of certain commonly-eaten mushrooms is again attracting some attention, and not without reason, for, as is generally admitted, the study and investigation of the properties of the edible fungi is one of the most difficult which can fall to the lot of the toxicologist. Our acquaintance with the subject is limited, for we know little or nothing of many of those active principles which occasionally produce such direful effects. Professor Ponfick, of Breslau, has recently made a series of experiments with the common mushroom, and his practical results are of considerable interest and value. He considers that all common mushrooms are poisonous, but that cooking deprives them more or less completely of their deleterious qualities. The repeated washing with cold water to which they are usually subjected to clean them dissolves out a portion of the poison, whilst the subsequent boiling completes the process. The water in which mushrooms has been boiled is a strong solution of the poison, and should be at once disposed of in such a way that it can do no harm. Professor Ponfick found that when dogs were made to eat 1 per cent. of their weight of raw mushrooms, they fell sick, but recovered; when the dose was increased to 1½ per cent. the poisonous effect was more pronounced, whilst 2 per cent. invariably proved fatal. The water in which mushrooms had been boiled was far more poisonous than the mushrooms themselves, whilst, after boiling, the fungi could be taken without the production of any symptoms to the amount of 10 per cent. of the dog's weight. Another point of interest is that dried mushrooms remain dangerous for from twelve to twenty days. They should be dried for at least a month, and are really safe only after four months' drying.

TYPHOID FEVER IN PARIS.

THE weekly admissions into hospital and deaths by this disease are as follows:—

For the week ending	Admissions.	Deaths.
Sept. 23th	213	5
October 5th	536	134
,, 12th	1001	250
,, 19th	741	244
,, 26th	406	173
Nov. 2nd	428	125
,, 9th	341	112

The number of cases remaining under treatment in the hospitals on November 2nd was 2085. The deaths from typhoid fever among the population of Paris from the beginning of the year till November 16th have amounted to 2765, or in the annual ratio of 141 per 100,000. This is greatly in excess of the mortality from the same cause during the last decade, the highest proportion having occurred in 1876, when it amounted to 102·2 per 100,000. The average of the five years 1875–9 was 61·4 and of the two years 1880–81 it was 96·5, so that the deaths this year have exceeded by one-half the average of the latter period.

THE ASYLUMS BOARD AND THE HOSPITAL COMMISSION.

THE Metropolitan Asylums Board have, through their General Purposes Committee, had an interview with the President of the Local Government Board, with reference to the action they should pursue with a view to the future exercise of their powers for the protection of the public from the spread of infectious diseases. The Government have had it fully explained to them that the threatened litigation with regard to the Hampstead and the Fulham Hospitals, and the ejectment order which has been obtained with regard to the ambulance station at London Fields, have so tied the hands of the Asylums Board, that they cannot properly perform their duties unless fresh legislation supersedes that under which they now exercise their powers, and which has been admitted to be defective. The Asylums Board have expressed their willingness to undertake the functions suggested by the Royal Commission, provided they receive the support of the Local Government Board. They have not, however, hesitated to throw the whole burden of the responsibility as to the future upon that Board; they have distinctly called upon the Government not to delay any further in taking action with regard to a matter affecting the health and lives of the community; and having regard to their previous experience under somewhat similar circumstances, one of their members has suggested that they should appeal directly to the Prime Minister.

COLD DRINKS IN COLD WEATHER.

THERE is a practice against which many persons, and particularly public speakers, need to be put on their guard—namely, drinking cold watery beverages in cold weather. The body becomes heated with the excitement and physical and mental exertion of addressing crowded assemblies. Nothing is more natural than to desire, under such conditions, a draught of some cold beverage. Now it happens that cold drinks are depressing in their influence, and the result of taking such draughts when performing more than common feats of strength and endurance, particularly in middle-age and advanced life, is to lower the tone of the nerve centres at a time when it is most desirable that they should be in exceptionally good working order, so that they may retain the vitality necessary to meet unusual need. So far as we are aware, the physiological effect of iced potations taken hastily when putting forth special strength and making a peculiarly large demand on the vital force of the nervous system, is either not understood or is forgotten. For the sake of the many zealous statesmen and politicians who do not seem to have given the need of special precautions in this particular a single thought, it is desirable to point out that the worst illnesses may, and do, proceed apparently from insignificant causes. This is one of the petty causes which may give rise to sad results.

SYPHILITIC ORGANISMS.

FURTHER observations of micro-organisms in syphilitic new growths have been published by Birch-Hirschfeld. He has examined a number of recently extirpated condylomata, and also a syphilitic growth in the wall of the heart, and has come to the conclusion that the organisms are not distinct rods or bacilli, as he formerly described them, but merely micrococci, and the appearance of rods is due to the linear association of a number of these elements. It is much more difficult to distinguish the individual elements than in the case of most micrococcal chains, because the organisms in syphilis are not round but oval, so that they are visible, not as points, but as short streaks. In most cases there are both monococci and diplococci; less frequently three

or five individuals are united, which curiously simulate long rods with rounded ends. In this the observations of Aufrecht are corroborated. For the demonstration of the organisms in recent preparations, Birch-Hirschfeld prefers potash, by the clearing action of which the micrococci are visible in the tissue on account of their strong refracting power. In a broad condyloma, they lie, for the most part, in small aggregations in the papillæ, and in many of the cells of the adjacent layer of the rete Malpighii. They may readily be detected in the juice of a recently excised condyloma, by tinting in the ordinary way; and of the various tinting agents, Birch-Hirschfeld concludes that fuchsin and gentian-violet are the best. In the growths in internal organs the smallest micrococci are most abundant, and the larger forms seen in the condylomata are seldom met with. In gummatous scars they have been sought for in vain. In more recent gummatous products they were most abundant in parts which had the aspect of growing granulation-tissue. They were partly scattered, partly aggregated into groups, which never exceeded a granulation-cell in size; they were also distinctly seen within cells. Many epitheloid cells seemed to have their nuclei filled with these organisms.

M. GAMBETTA'S WOUND.

OUR Paris correspondent writes:—On Monday morning, about eleven o'clock, M. Gambetta met with an accident at his country house at Ville d'Arzay, a small town just outside Paris, under the following circumstances. M. Gambetta fired off a revolver in his bedroom, and, forgetting that another barrel was still loaded, held it with his hand over the muzzle, when it went off, the ball entering the palm of the hand and making its exit about the middle of the forearm. The doctor of the place was immediately sent for, and the wound was dressed by him. Meantime, Dr. Lannelongue, hospital surgeon, was summoned to the patient from Paris, and arrived about two hours after, when he examined the wounds superficially, and dressed them temporarily with the intention of re-examining them more minutely the next day, which he did, and declared that there was no fracture, no artery wounded, and that he did not anticipate any complications, notwithstanding the fever which had declared itself, owing to which the patient was obliged to take to his bed. Dr. Lannelongue reports that the patient's condition is as satisfactory as possible, and that the fever has entirely subsided.

BOLINGBROKE HOUSE PAY HOSPITAL.

THE second report of this hospital is now published. The institution represents an experiment of interest both to the public and the profession. The promotors of a provident dispensary were led to found it on the double ground that the nearest hospitals, St. Thomas's and St. George's, were too far off; and, secondly, that many of the members were not of a class for which these hospitals were founded. Query, were they of a class by whom provident dispensaries, at their very unremunerative rates of payment for medical men, ought to be used? Be this as it may, the foundation of a pay hospital was an undertaking creditable to the boldness of the Vicar of Battersea, Canon Clarke, and the generosity of the residents of Battersea, Wandsworth, and other places. The principal comparative facts of the two years of its existence are as follows. In the first year the total number of patients, men and women, admitted was thirty-four, in the second sixty-five. The total payments made by the patients in the two years respectively were, in round numbers, £202 and £652; the total cost of maintenance, £407 and £853; of management, £34 and £34; the average days' stay of each patient in the two years respectively, twenty-seven and forty-four; the average weekly payment of each patient £1 10*s.* 6*d.* and £1 10*s.* 1*d.*; the average weekly cost of each patient, £2 0*s.* 5*d.* and £2 0*s.* 11*d.* The number of beds available at the end of this year (Sept. 1882), as compared with the end of last, is twenty-eight against twelve. The table of occupations of patients who come from both London and the provinces is satisfactory. The diseases treated are chiefly phthisis, genito-urinary affections, and ophthalmia. It is noticeable that there is only one case of fracture, in an artisan. His friends agreed to pay 10*s.* 6*d.* weekly, but the day after admission his father called and removed him to a general hospital, "because he could get the same thing for nothing," though there was little doubt about ability to pay. We regret to see that the sum owing to the vicar as trustee has increased from £1300 to £1620. The services of the medical staff are still wholly honorary. It is premature to criticise so interesting an experiment. We shall content ourselves with recording its progress, and the perseverance of those lay and professional gentlemen who sustain it. It must be a valuable accommodation to persons of limited means, if it cannot be said at present to be remunerative to the profession or easy to Canon Clarke.

MR. TEALE ON ECONOMY IN USE OF COAL.

THE *Leeds Mercury* of Nov. 22nd gives an interesting report of a lecture delivered by Mr. Teale before a large audience in the Leeds Philosophical Hall on the previous night. The subject was the economical combustion of coal. Mr. Teale's genius is many-sided. It is above all practical and kindly. It concerns itself with many things outside what a narrower mind would consider its sphere. It has made its impress on modern surgery, but it can take thought for sound drains, cheap and effective fires, and all that will add to the domestic and municipal welfare of a community. The lecture we have mentioned is a striking illustration of this. It is a careful description of the various plans for securing a slow and complete combustion of the coals in our ordinary household fire-grates. Mr. Teale says the slow combustion of coals in a house fire depends on two conditions—first, that no current of air should pass through the grate beneath the fire; the second, that the space or chamber under the fire should be kept hot by being shut off from the outer air. He has been telling the public how for a few shillings one of two or three arrangements may be applied which will secure these conditions, and how by securing them a saving of one-fourth of coal may be effected, smoke and soot greatly diminished, and the ash refuse reduced by two-thirds. We cannot here detail the experiments by Mr. Teale and others which prove his assertions. The profession well knows that Mr. Teale is not likely to make any statements which he has not carefully verified. The particular "economiser" he advocated for ordinary stoves and grates, "applicable to every house," was a simple shield resting on the hearth, and rising as high as the bottom of the grate. Various speakers of authority confirmed Mr. Teale's estimate of the advantage of using "economisers." The profession will be induced by Mr. Teale's example to consider this question.

RETIRING PENSIONS TO MEDICAL OFFICERS.

MR. ROYLE, medical officer of the Milnthorpe district of the Kendal Union, lately tendered his resignation after twenty-six years' tenure of office. He naturally raised the question of a retiring pension. The guardians, notwithstanding a feeling speech from Mr. Barwise, pointing out that Mr. Royle's resignation was based largely on the ground of ill-health, declined by a large majority to make such a grant. Indeed only Mr. Barwise voted for it. This is poor treatment of an old servant who had served the Board well, and is scarcely consistent with the spirit of the law.

LUNATICS IN PARIS.

THE report just issued by the Prefect of the Seine upon the condition of the lunatic asylums in the department of which Paris is the capital shows at what an alarming rate insanity is increasing in that city. At the beginning of the century there were only 946 lunatics in Paris, whereas at the end of last year the total stood at 8260, or, in other words, while the population has only increased threefold the number of lunatics has increased nearly ninefold. For the last ten years there has been a mean annual increase of about two hundred, the number of male and female lunatics being in the relative proportions of 54 and 46 per cent. The number of lunatics placed in asylums during last year was 2438, of whom 1293 were men and 1145 women, the ages of nearly half of them being between thirty and forty. Up to the year 1878 unmarried persons were in the majority, but of the lunatics admitted into asylums last year 1016 were married and 1002 single. With regard to their education, it is stated that 144 were highly educated, 1655 could read and write, 138 could only read, and 474 were completely illiterate. A third of them were either labourers or mechanics, and only 79 persons are described as following one of the liberal professions. More than 15 per cent. of the cases are attributed to over-indulgence in drink, while among the moral causes, domestic trouble and sudden fright hold the chief places. The number of cases was greatest in the month of August, and fewest in January. About 180 of the lunatics placed under restraint last year were natives of Belgium, Germany, Italy, and Switzerland. The expenditure which their maintenance entails is partially reimbursed by the Governments of their respective countries. Thus Germany takes her lunatics back, but does not pay for their maintenance, while Russia and Switzerland defray all expenses. England, upon the other hand, neither defrays the cost of their maintenance abroad nor has them brought home. The number of cures effected last year was 683, or about one in nine, while the number of deaths was 1443, or one in eight, the majority of deaths and cures being among first-year patients. The cost of keeping up the lunatic asylums for 1883 is estimated at £192,000 for 8320 patients, but out of this sum £22,800 will be contributed by the families of the well-to-do patients.

PUERPERAL FEVER AND ITS RISKS.

THE danger to nurses arising from attendance on cases of puerperal fever is illustrated by a case which lately came before Dr. Danford Thomas, the coroner for Central Middlesex. A woman named Ann Hart, aged seventy, nursed a Mrs. Breely in her confinement. Mrs. Breely suffered from puerperal fever and died. The day after her death the nurse was taken ill and was seen by Drs. Read and Hall, who recognised the presence of blood-poisoning. In spite of their efforts the patient died, and Dr. Hall stated at the inquest that in his opinion the poison entered the system of the deceased through the cracks in the skin of the hand and fingers. Cases in which nurses attending patients suffering from blood-poisoning, pyæmia, or puerperal fever, have become themselves infected, although rare, are not unknown. The hands and fingers are often the seat of small punctured wounds, such as pin pricks, the existence of which is overlooked or unsuspected, and these are often ways by which the poison of secretions of the patient suffering from puerperal fever may infect the system of the attendants. The risk of such occurrences may be greatly lessened, if not entirely removed, by the antiseptic precautions now frequently, although not generally, taken in cases of labour. These are important not only to the lying-in woman, but to the doctor and nurse also. Were the hands washed in a five per cent. solution of carbolic acid and afterwards anointed with carbolic oil or unguent, the unsuspected spots capable of receiving infection would be rendered proof against it, and the hands might with comparative safety deal with the secretions and discharges of the puerperal period.

REWARDS FOR THE EGYPTIAN CAMPAIGN.

To the rewards which we announced in our last number as having been conferred on medical officers in connexion with the late campaign in Egypt, we have to add that of Companionship of the Order of the Bath conferred on Surgeon-Major H. B. Scott, M.D., who was attached to the personal staff of the Duke of Connaught. It is also announced that Mr. J. Watt Reid, C.B., the Director-General of the Medical Department of the Navy, is to be promoted to K.C.B., and that Brigade-Surgeon W. Jackson, C.B., who was recommended for special promotion by Lord Wolseley, is to have the honour of knighthood conferred upon him. We are glad to see that Mr. Childers, with his characteristic sense of justice, has found a means of rewarding Mr. Jackson without inflicting an injury upon the other medical officers, or establishing the dangerous precedent of recalling to the active list an officer who had been retired in conformity with the provisions of a Royal Warrant.

WET CARRIAGES.

WE have on more than one occasion embraced an opportunity to warn the public against the danger of riding in hansom cabs with damp cushions. It is necessary to repeat the warning in consequence of the lumbago and inflammatory mischief, even extending to the kidneys, which are due to carelessness, not only in regard to cabs, but private carriages. During the recent wet weather attention has been attracted to the matter by the utter recklessness of servants, who, not being expressly told to put up the hood of victorias and open vehicles generally, have left them open until the cushions have been literally soaked by the rain. Not a few serious illnesses have already been traceable to this cause. It is useless to expect that coachmen or footmen will think of these things of their own motion. Servants are, as a rule, careless of the comfort of their masters and mistresses, and unless it be to save themselves a little trouble, they will not take thought for the soaking which an open carriage standing in the rain must certainly receive. It is no uncommon occurrence to find the cushion completely saturated; and when a susceptible person comes out of a heated house and sits for some time in a cold vapour bath, the consequences may be very serious indeed.

THE RECENT OUTRAGES IN DUBLIN.

OUR Dublin correspondent writes:—In the affray between the police and some members of the secret societies which infest Dublin, on last Saturday night, one of the former was deliberately shot dead by bullet wounds from a revolver fired by a man named Dooley. A comrade of the policeman immediately fired on Dooley, and, after a struggle, he and another of the scoundrels were secured and removed in custody. Dooley was brought to Jervis-street Hospital, and on examination the following wounds were found to have been inflicted: a bullet wound through the right radius, a wound in the neck, and another which entered at the upper part of the right shoulder and passed through without injuring the bone; a contused wound on the back of the head, and a fracture of the left parietal bone, evidently produced by a blow from a revolver, were also present. He was not insensible, and was perfectly quiet and apparently unconcerned at his position. There was but little hæmorrhage. The pulse and temperature have both been normal, and in all probability the man will recover. Cox, the unfortunate

policeman, who was killed almost instantaneously, was shot in the back of the head, the bullet penetrating the bone and lodging in the brain; he also received a bullet in another part of the body. On Monday evening, a gentleman who lately served as a juror on the trial of Walsh for the murder of Constable Kavanagh was attacked by two men close to his residence, and stabbed in several places; he is now dead.

THE PRIX VOLTA.

THE French Government has decreed the creation of a prize of fifty thousand francs, which is to be called the Prix Volta, and awarded in 1887. The prize will be given to the author of the discovery which shall increase the facility of the application of electricity in one of the following departments (*qui rendra l'électricité propre à intervenir avec économie dans l'une des applications suivantes*): (1) as a source of heat, of light, of chemical action, of mechanical power, as a means of transmission of messages; and (2) in the treatment of disease. The second article of the decree states that *savants* of all nations may compete. This probably means that the prize is open to the whole world, although, as far as the wording is concerned, it might be refused to a practical discoverer on the ground that he was not a *savant*. The third article fixes June 30th, 1887, as the last day for putting in claims. A Commission nominated by the Minister of Public Instruction will examine into the merits of the discoveries specified by the competitors, and decide whether they fulfil the necessary conditions. The report of this Commission will be published in the *Journal Officiel*.

CURIOUS DEATH AND INQUEST IN CARMARTHENSHIRE.

THE *South Wales Daily News* has some very proper reflections on an inquiry into the death of a lady at Maesgwynne, near Llanstephan. This lady was found dead in her husband's bed. He was an epileptic. On the previous night two bottles of brandy were bought. Two servants and a child (a boy) lived in the house. No care seems to have been taken to ascertain whether the lady and her husband were alive or dead on the day of her death till seven at night, when a servant went in and found her dead, and the husband in a confused state, saying she was only asleep. A doctor was summoned to verify the death; but the coroner, in spite of the opinion of several jurors, would not take his evidence. Such imperfect inquests bring discredit on the coroner's office, and leave unmerited suspicion on families. Since then the husband of the deceased has died.

VACCINATION PROSECUTIONS AT BRIGHTON.

AN extraordinary story is told in an evening contemporary of evidence given before the Brighton magistrates in a case of prosecution for non-compliance with an order made for the vaccination of a child. Henry Holman, we are told, had been previously ordered to have his child vaccinated, and, having failed to comply with the order, was again brought before the magistrates. For the defence, it was stated that the defendant had actually taken his child to the vaccination station and requested that it might be vaccinated with pure lymph, but that the vaccinator told him "he had no pure vaccine lymph, and if he had he would not use it." The child was, therefore, taken away unvaccinated. The fact that the Bench overruled this objection in the case of Holman and that of other children where a similar contention was put forward makes it probable that this story was not believed. It cannot, however, be doubted that if left uncontradicted much harm will arise from its publication; and we would, therefore, strongly recommend that no time may be lost in contradicting a statement so seriously reflecting on the conduct of a public officer.

THE HEALTH OF THE DUKE OF EDINBURGH.

WE are glad to be able to report that His Royal Highness is recovering from his indisposition. The Duke has been suffering from a pulmonary and nephritic congestion due to exposure on board the *Lively*. All serious symptoms have now passed away, but Dr. Wilks of Ashford is still in attendance on His Royal Highness. Though there need be no anxiety about a permanent recovery, it is obvious from the peculiar nature of his malady that many months must elapse before His Royal Highness will be able to undergo the fatigue and exposure incident to his professional vocation.

THE NAPOLEON OF CHESS.

OUR Newcastle correspondent, in his letter this week, alludes to the extraordinary playing of Mr. J. H. Blackburne, who has made a descent on Newcastle-upon-Tyne and tackled some of the hard-headed players of the North, playing blindfolded eight simultaneous games, and for the most part successfully. As if this were not enough, he proved his lasting powers and resources by engaging thirty players the next day; of these he vanquished twenty-seven, two were drawn battles, and he lost only one. Mr. Blackburne, in his style, refuses to be allured by the most tempting offers of his adversary; but, looking only to the end, hampers him, and at last swoops down in unexpected ways. It may be mentioned that, although his use of tobacco is by no means excessive during his play, he is particular as to quality, and he may be fairly classed in the category of "steady smokers."

THE SPEAKER'S INDISPOSITION.

GREAT sympathy and regret were expressed by members of the House on its becoming known on Tuesday evening that the Speaker was indisposed and unable to return to the chair. Though the House has not sat much later than midnight during the autumn session, the continuous consideration of the procedure rules, unrelieved by any breaks of committee work, as in an ordinary session, must have been very trying to Sir Henry Brand's health, and no surprise was felt by the House on Wednesday at the Deputy-Speaker, Dr. Lyon Playfair, again taking the chair.

MEDICAL SOCIETY OF LONDON.

ON Monday evening next the subject under discussion will be the preparation and examination of various tissues infected by bacteria. Dr. Heneage Gibbes will exhibit an interesting series of microscopic specimens illustrating tubercle, bovine tuberculosis, splenic fever, diphtheria, typhoid, &c.; and will subsequently give an account of the methods in which his results have been obtained. The clinical side of the subject will be discussed at a future meeting of the Society. We shall hope to publish in an early number the result of Dr. Gibbes' recent work on the subject of tubercle.

PORRO'S OPERATION.

THIS operation was performed on Monday by Dr. Godson, in a lodging in Islington taken for the purpose, on a dwarf aged twenty-four, for extreme distortion of the pelvis. The child (a girl, living) weighs 8½ lb., and measures 20 in. in length. The height of the mother is only 52 in. Up to the present she is progressing most favourably. The operation was completed in just an hour.

SIR THOMAS WATSON, BART.

THERE has been during the last week a continued decrease of strength, with distressing restlessness. The weakness is now so great that the end cannot be distant.

WAITING-ROOMS AT RAILWAY STATIONS.

IF we may judge by the pestilential effluvia which reach the nostrils of passengers strolling into some of the waiting-rooms at railway termini in London, the sanitary condition of certain of the inner rooms appropriated to ladies must be most unsatisfactory. This is a matter which ought on no account to be overlooked. It is the duty of the officials of railway companies to see that their premises are in a condition conducive to health, and not in a state which can scarcely fail to favour the dissemination of disease. If proper precautions are not taken, the attention of sanitary authorities must be called to the matter, and at once.

MR. ANTHONY TROLLOPE.

MR. TROLLOPE has made considerable progress towards recovery since the publication of our last report. The attacks of dyspnœa have now entirely ceased, and Dr. Murrell considers that there is every prospect of a speedy restoration to health.

IN the usual quarterly return of prevalent diseases presented to the Medical Society of the Paris Hospitals by M. Castel on Nov. 10th, it was pointed out that, although typhoid fever had raged so severely in Paris, the rate of mortality from this disease in the hospitals was lower than in the corresponding period of 1881. From lack of information as to the actual number of cases occurring outside the hospitals, it was not possible to say whether the same diminution in the comparative mortality characterised the epidemic as a whole.

THE *Citizen and Evening Chronicle* (Halifax, N.S.), reports the death of a boy while under the influence of chloroform, preparatory to the extraction of a tooth. A folded towel was used, on which were poured at intervals two teaspoonfuls of chloroform. Alarming symptoms supervening, artificial respiration was resorted to, nitrite of amyl was exhibited, and subsequently the patient was suspended with his head downwards; all, however, proved unavailing, and the boy succumbed.

THE death is announced of Dr. Henry F. Draper, Professor of Physiology in the University of New York. The deceased, who was born in 1837, was a son of the late Dr. J. W. Draper, author of "History of the Intellectual Development of Europe."

THE typhoid fever epidemic at Bangor appears to have almost completely disappeared. No deaths from the disease have been reported for more than a fortnight, and the number of convalescents has been reduced to fifteen.

MR. GEO. THOMPSON, jun., of Pitmidden, has placed £6000 at the disposal of the Senatus of the University of Aberdeen for the purpose of founding ten medical bursaries.

DR. J. BURDON SANDERSON, F.R.S., has been elected to the Waynflete Professorship of Physiology at Oxford.

SMALL-POX is reported to be ravaging the East African districts north of Delagoa Bay.

DR. A. E. SANSOM has been elected Lecturer on Medical Jurisprudence and Public Health at the London Hospital Medical College. Dr. C. Meymott Tidy will lecture on Toxicology in the place of Dr. Rodgers, who resigned last summer.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF INSPECTORS TO THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD.

Southborough.—This urban district, which lies between Tunbridge and Tunbridge Wells, has been visited by Mr. Spear, one of the Local Government Board's medical inspectors, because of an outbreak of enteric fever. The district consists in the main of a small straggling town containing 3870 inhabitants; it has many natural advantages of site, soil, and scenery; and its main sewerage has been carried out satisfactorily. But most unfortunate mismanagement has been shown in other matters. The private drains allow of the retention and deposition of sewage matter within them, they exhibit defective and leaky joints, right-angled junctions are frequent in them, they are scarcely ever ventilated, and there is commonly a direct communication between them and the interior of dwellings. And further, the soil, which in consequence of drain defects has become polluted, is the source from which the domestic water-supply is derived by means of local wells, each house or group of houses having its catch-pit for liquid filth, and its well sunk in the same soil. Under these circumstances the story told by Mr. Spear becomes simple enough. The copious evacuations of an imported case of enteric fever are poured down without disinfection into the drains; the disease extends, leaky drains are found close to wells, and the consumers of the water sicken with enteric fever, until thirty-three persons residing in twenty-four houses have been attacked and four have died. In view of the urgency of the case Mr. Spear recommended that immediate disinfection of the sewers should be carried out, that a systematic inspection of house-drains should be at once commenced, that polluted wells should be closed, and a wholesome supply of water be delivered at houses daily by means of a hand cart, and also that further action of a permanent character should be no longer delayed. The sanitary authority appear fully to have carried out the more immediate of the recommendations, and it is to be hoped that they will for the future see the importance of securing, by means of efficient by-laws, proper drain connexions and of laying on a wholesome public water service.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Hastings (Urban).—The medical officer of health for the Borough of Hastings, Mr. C. K. Shaw, has recently issued his quarterly report upon the health of this watering-place, the population of which is estimated at 44,239 persons. The birth-rate did not exceed 25·4 per 1000, showing the abnormal character of the population and of its age distribution. The 159 deaths registered within the borough were equal to a rate of 14·3 per 1000, which is stated to be a little below the average rate in the seven preceding corresponding quarters. It appears, however, that five deaths of residents of the borough were recorded in the Workhouse and Sanatorium situated outside its boundaries, while twenty-six of the deaths occurring within the borough were of "non-residents." Applying these corrections the health officer declares the "accurate death-rate to have been only 12·4 per 1000." The death-rate in the borough last quarter, whether we place it at 14·3 or 12·4, undoubtedly points to satisfactory health conditions, but we must demur to the assertion as to the "accuracy" of the lower rate. The correction of death-rates of watering-places for the deaths of "non-residents" is by no means a sure way to accuracy. In such cases the definition of a "non-resident" should always be stated, and the effect of such a definition upon the *population* should always be borne in mind. It would be interesting to know what proportion of the population of

Hastings would be pronounced "non-resident" if judged by the same standard. It certainly does not conduce to accuracy to exclude the deaths of "non-residents" and yet to count all "non-residents" in the population upon which the death-rate is calculated. It is reported that nearly 31 per cent. of the deaths of "non-residents" were due to phthisis, and it is beyond question that Hastings owes a considerable proportion of its increase of population to the suitability of its climate for persons of a phthisical tendency. The zymotic death-rate in Hastings last quarter was equal to 2·9 per 1000; the thirty-two deaths referred to the principal diseases of this class included twelve from diarrhœa and ten from whooping-cough. The fatality of the latter disease was, indeed, excessive for Hastings. Considering the incidence of summer diarrhœa, the proportion of infant mortality may be considered to have been satisfactorily low.

Presteigne.—Dr. C. J. Covernton, medical officer of health to the Knighton rural sanitary district, has prepared an exhaustive report on the sanitary condition of the town of Presteigne. The sanitary conditions of the place were such in 1878 that Dr. Airy inspected it on behalf of the Local Government Board, and, as far as we can judge, nothing seems to have been done there since that date. The place is without proper drainage or sewerage, the privy-with-pit is in general use, the lodging-houses are overcrowded and ill-regulated, and some of the schools are in a bad sanitary state. The conditions which may be deemed as satisfactory in the place are mainly so because of local advantages afforded by nature. Thus the wells are believed to be free from pollution because the rain rapidly washes all filth from the surface into the streets, and the street gutters to some extent answer the purpose of sewers, because a heavy rainfall secures their frequent and effectual flushing. Dr. Covernton, however, strongly urges the provision of a proper system of sewers, and the adoption of by-laws to regulate cleansing, nuisances, and lodging-houses.

Cork.—During the four weeks ending Nov. 4th the births registered amounted to 174, being equal to 28·0 per 1000. The deaths numbered 138, or a death-rate of 18·7. These returns, when compared with those for a corresponding period last year, show that the ratio of mortality remains practically unchanged, but they also indicate that there has since then been a decided diminution in the amount of febrile diseases of every description in the city.

At a meeting last week of the ratepayers of the parishes of Great and Little Waltham a resolution was passed approving of the scheme of sewerage and improved water-supply of the district proposed by the Chelmsford Rural Sanitary Authority.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5721 births and 3919 deaths were registered during the week ending the 25th ult. The annual death-rate in these towns, which had been equal to 21·3, 21·7, and 22·6 per 1000 in the three preceding weeks, further rose to 24·2 in the week ending the 25th ult. The lowest death-rates in these towns last week were 14·7 in Bolton, 19·7 in Wolverhampton, and 19·9 in Birkenhead. The rates in the other towns ranged upwards to 28·0 in Plymouth, 28·9 in Oldham, 32·2 in Hull, and 47·8 in Sunderland. The deaths referred to the principal zymotic diseases in the twenty-eight towns were 501, and within 9 of the number in the previous week; 120 resulted from measles, 110 from scarlet fever, 96 from "fever" (principally enteric), 88 from whooping-cough, 53 from diarrhœa, 29 from diphtheria, and 5 from small-pox. The lowest death-rates from these zymotic diseases occurred in Norwich and Wolverhampton, and the highest in Liverpool and Sunderland. Measles caused the highest death-rates in Liverpool and Sunderland; scarlet fever in Leeds, Blackburn, and Sunderland; whooping-cough in Birmingham and Preston; and "fever" in Sunderland, Liverpool, and Portsmouth. The 29 deaths from diphtheria in the twenty-eight towns included 16 in London, 4 in Liverpool, and 3 in Sunderland. Small-pox caused 2 deaths in London, 2 in Manchester, and 1 in Newcastle-upon-Tyne. The number of small-pox patients in the metropolitan asylum hospitals, which had been 70 and 73 on the two preceding Saturdays, declined to 68 at the end of last week; only 7 new cases of small-pox were admitted to these hospitals during the week, against 7, 12, and 16 in the three previous weeks. The deaths referred to diseases of the respiratory organs in London, which had been 330 and 345 in the two preceding weeks, further rose to 411 last week, but were 69 below the corrected weekly average. The causes of 97, or 2·5 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Newcastle-upon-Tyne, and in four other smaller towns. The proportions of uncertified deaths were largest in Oldham, Blackburn, Halifax, Sheffield, and Sunderland.

HEALTH OF SCOTCH TOWNS.

The annual death-rate in the eight Scotch towns, which had been equal to 22·0 and 25·8 per 1000 in the two preceding weeks, was 24·3 in the week ending the 25th ult.; this rate was almost identical with that which prevailed last week in the twenty-eight English towns. The deaths referred to the principal zymotic diseases in these Scotch towns, which had been 89 and 98 in the two previous weeks, declined to 78 last week; these were equal to an annual rate of 3·3 per 1000, which was 0·2 above the rate from the same diseases in the English towns. The fatal cases of whooping-cough declined from 15 and 26 in the two previous weeks to 19 last week, of which 12 occurred in Glasgow, and 3 in Dundee. The 20 deaths referred to diphtheria showed a decline of 4 from the number in the previous week, and included 13 in Glasgow, and 2 both in Dundee and Greenock. The 18 fatal cases of scarlet fever, however, showed a further increase upon recent weekly numbers; 8 were returned in Glasgow, 4 in Edinburgh, 3 in Dundee, and 2 in Paisley. The 6 deaths referred to "fever," were below the average, although 3 occurred in Edinburgh. Seven of the 12 deaths from diarrhœa, and 2 of the 3 from measles were recorded in Glasgow. The deaths referred to acute diseases of the lungs in the eight towns, which had been 130 and 172 in the two preceding weeks, were 167 last week, and exceeded by no fewer than 75 the number in the corresponding week of last year. The causes of 111, or 19 per cent., of the deaths registered in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The annual rate of mortality in Dublin, which had been equal to 27·7 and 26·1 per 1000 in the two preceding weeks, rose to 29·2 in the week ending the 25th ult. During the first eight weeks of the current quarter the death-rate in the city averaged 24·1 per 1000, against 20·3 in London and 19·1 in Edinburgh. The 210 deaths in Dublin last week showed an increase of 21 upon those in the previous week, and exceeded any weekly number since the middle of May last. The deaths from the principal zymotic diseases, which had been 14 and 11 in the two previous weeks, rose again to 14 last week; they included 6 from "fever," 4 from whooping-cough, 2 from diarrhœa, and 1 each from scarlet fever and diphtheria. The death-rate from these zymotic diseases was equal to 2·1 per 1000, while the rate from the same diseases last week was 2·8 in London and 2·2 in Edinburgh. The deaths referred to "fever," which had been 8 and 3 in the two previous weeks, rose again to 6 last week. The 4 fatal cases of whooping-cough also exceeded recent weekly numbers. The deaths both of infants and of elderly persons exceeded the numbers returned in the previous week. The causes of 9 of the deaths were uncertified.

THE SERVICES.

ARTILLERY VOLUNTEERS. — 1st Cornwall (Duke of Cornwall's): Surgeon Arthur Austen Davis is granted the honorary rank of Surgeon-Major.—3rd Middlesex: Alfred Lingard, Gent., to be Acting Surgeon.

RIFLE VOLUNTEERS.—1st Suffolk: Surgeon and Honorary Surgeon-Major J. Mitford Ling resigns his commission; also is permitted to retain his rank, and to continue to wear the uniform of the Corps on his retirement.—6th (West) Suffolk: Acting Surgeon John Sinclair Holden, M.D., to be Surgeon.

ADMIRALTY. — Fleet Surgeon Gordon Jackson to be Deputy Inspector-General of Hospitals and Fleets in Her Majesty's Fleet with seniority of the 24th ult.

In accordance with the provisions of Her Majesty's order

in Council of April 1st, 1881, Fleet Surgeon George William John Sutherland has been placed on the Retired List from the 20th ult.; Surgeon John Christian has been placed on the Retired List of his rank from the 16th ult.

The following appointments have been made:—Fleet Surgeons Chas. A. Lees, M.D., to the *President*, additional, vice Jackson, promoted; James Flanagan to the *Duke of Wellington*, vice Lees; and Stephen Sweetnam, to the *Defence*, vice Flanagan. Staff-Surgeon Edward W. Doyle to the *Valiant*, vice Sweetnam.

Correspondence.

"Audi alteram partem."

"PICRIC ACID AND SUGAR TESTING."

To the Editor of THE LANCET.

SIR,—I am sorry to have anything to say to detract from the value of the "happy accident" through which, on the morning of the 14th inst., Dr. Johnson, whilst using picric acid as a test for albumen, came upon what he believed to be an extremely sensitive test for grape sugar whether in the urine or elsewhere; but I cannot allow his letter upon the subject in your issue of the 18th to pass without a few comments upon it.

I have followed the directions given by Dr. Johnson, and the results of my own observations upon the employment of picric acid as a test for sugar stand thus:—When equal volumes of a saturated solution of picric acid and liquor potassæ are mixed a bulky precipitate of the comparatively insoluble picrate of potash is formed. If now the contents of the test tube are boiled, the precipitate disappears, and a ruby colour is developed. This change occurs without the addition of anything to the mixed picric acid and potash. On next pouring in some healthy urine and further boiling, a notably deeper colour, now amounting to a claret red, is produced, and if the urine should be a concentrated specimen, the depth of colour may be very intense—so much so as to approach towards an appearance of black on being viewed by reflected light, but transmitted light shows it to be a deep claret red. If, instead of healthy urine, some diabetic urine be poured into the mixture of picric acid and liquor potassæ, a very dark colour is, on boiling, at once assumed, which appears almost, or it may be quite, black by reflected light; but it nevertheless, as shown by transmitted light, and also by diluting the product with water, consists of the same claret red character as in the other instance.

Without the addition of any foreign agent, then, to the picric acid and potash, boiling produces a certain amount of colour, healthy urine increases this, and diabetic urine increases it further still. The same kind of tint is throughout manifest. There is only a difference in the degree of colour produced, and by dilution with water the deep-coloured product yielded by the diabetic urine may be brought to resemble, so as to be undistinguishable, the test treated with healthy urine and the test taken alone.

Dr. Johnson suggests that the effect of picric acid is to intensify the colour produced by the reaction of caustic potash and grape sugar—the reaction known as Moore's test. If we refer, however, to "Watts' Dictionary of Chemistry," we find that the action of reducing agents upon picric acid is to lead to the production of picramic acid, which is a red-coloured principle. Various reducing agents are named which convert picric into picramic acid, and amongst them are the sulphides of ammonium, potassium, &c., which are susceptible of being generated by boiling urine with potash. The colour developed by boiling the mixture of picric acid and potash with a sulphide so resembles that produced by boiling it with healthy and diabetic urine that, as the result of observation, I could not distinguish any difference when brought to the proper extent of dilution, and I think it may be considered that the effect of grape sugar is to act as a reducing agent upon the picric acid instead of the picric acid intensifying the action of potash upon grape sugar.

A few words upon the subject of extent of sensitiveness that it is desirable for a test for sugar to possess looked at in relation to its employment as a qualitative clinical test. I believe it would be an absolute misfortune for a more sensitive test than the cupric test to be introduced into general use. What is wanted for medical purposes is not to recognise the small fluctuating amount of sugar existing in healthy urine, but sugar when it reaches an amount to be of clinical significance. The ammoniated cupric test, which has been described by me and which I employ for quantitative purposes, and which is so sensitive as with the greatest facility to reveal not only the sugar but the amount of sugar existing in healthy urine, would be an exceedingly dangerous agent to employ as a qualitative test. Had I not been strongly impressed with this I should have long since introduced it to notice as a qualitative as well as a quantitative test. A good form of cupro-potassic test furnishes, I consider, exactly what is wanted by medical men. It resists being influenced by, or rather does not show the effect exerted by, the sugar present in healthy urine, but does reveal the presence of sugar when existing to an extent to be of clinical significance. A cupro-potassic test, if kept in solution for some time, loses its stability and becomes too easily influenced to be relied upon, unless certain precautionary measures are taken. I feel that I ought to be under some reserve in speaking about the cupric test pellets (supplied by Mr. Cooper of 26, Oxford-street) as they originated with me; but, at the same time, I believe I am serving the interests of medical practitioners in stating that experience has led me to regard them as supplying the safest test that can be used.

I am, Sir, yours, &c.,

Grosvenor-street, Nov. 22nd, 1882. F. W. PAVY.

P.S.—Will you allow me to add under the form of postscript to the letter which I sent you last week, and which reached you too late for insertion then, a few remarks suggested by the further communication contained in your last issue from Dr. Johnson. Appended to Dr. Johnson's letter is a communication from his son, which bears the impress of careful observation as far as it goes. Mr. G. Stillingfleet Johnson confirms what I have mentioned about potash alone and healthy urine giving the colour produced by sugar, and he enumerates several precautions as being necessary in the use of the test. He fails, however, to say anything about the effect produced by the presence of sulphides, which is identical with that produced by sugar. The sulphide produced by boiling albumen with potash suffices to give a deep colouration. Let some thoroughly washed precipitated albumen be dissolved in a boiling solution of potash and then a little of this be boiled with the mixture of potash and picric acid; the result observed is a deep colouration like that produced by sugar. I expect in Dr. Johnson's original observation on the two specimens of albuminous urine the albumen had something to answer for in the result he noticed. Again, a small piece of white flannel which represents hair may be boiled and dissolved in potash; a little of the liquid added to and boiled with the picric acid and potash gives an exceedingly strong behaviour. These are illustrations of how a reaction may be produced by a sulphide derived from the action of potash upon organic principles, and that a sulphide is actually produced by the action of potash upon the constituents of healthy urine is shown by the well-known fallacy that Moore's or the liquor potassæ test is open to from the presence of a little lead. Thus as a means of displaying the presence of sugar in healthy urine which Dr. Johnson lays stress upon, the indication is mixed up with error. Neither for qualitative nor quantitative purposes in relation to clinical utility do I consider the behaviour of picric acid and potash suitable for being turned to account as a test for sugar. Certainly as far as applicability to the requirements of the medical practitioner is concerned, I think it will be found that the discovery which Dr. Johnson so hastily communicated to you will prove devoid of value.

November 28th, 1882. F. W. P.

"SCURVY."

To the Editor of THE LANCET.

SIR,—I have read with interest the letters of Dr. MacDowall and Dr. Lucas on "Scurvy," which appeared in THE LANCET last week. I should like, however, to make a few remarks which, I think, will lessen the discrepancy that they both point out, as appearing to exist between Dr. Parkes and myself with regard to the antiscorbutic properties of lactic acid.

Dr. MacDowall observes that Dr. Parkes "teaches that lactic acid simply goes to form alkaline carbonates in the

body," and Dr. Lucas further points out that Dr. Parkes thought "fresh, and especially raw, meat useful in scurvy, and this is conjectured to be from its amount of lactic acid." Now, whilst these statements prove my position with regard to the view that I have advanced, that scurvy is induced through a diminished alkalinity of the blood, they are fatal to the suggestion I offered, that the inferiority of hung to fresh meat as an antiscorbutic is due to the presence of lactic acid, the result of muscle decomposition after rigor mortis and the increase of acid salts in the blood. A little consideration will show, however, the two views can be brought into harmony.

It is quite true that lactic acid goes to form alkaline carbonates in the body; but, then, what form do the carbonates take? If the base and acid are in due proportion, we may have the normal carbonate (Na_2HCO_3), an alkaline salt with an alkaline reaction. This, most probably, is the condition in which the alkaline carbonates are formed in the living body, whilst the lactic acid formed in the muscle passes out into the circulation, and fresh portions of the base are being brought into contact for it to combine with. But, on the other hand, if the acid be in excess, then we have an acid carbonate (NaH_2CO_3), the bicarbonate, an acid salt which, though it has an alkaline reaction, has the effect of an acid, since with neutral salts in the blood it is capable of forming acid salts with acid reactions. It is probably this form of carbonate which is derived from the lactates formed in muscles by decomposition after death, since the lactic acid is not carried off as soon as it is formed into the circulation; nor can a fresh supply of alkali be brought to it for it to combine with, so that acid lactates will in turn be reduced to acid carbonates. Again, free lactic acid developed from muscle in forming a lactate must take the base from some other salt, unless we assume that potash or soda exists uncombined in the tissues. The salt that is apparently robbed, as far as experiment enables us to judge, is the neutral phosphate of soda or potash. Lactic acid deprives this of one atom of its base, forming a lactate, but converting the neutral phosphate into acid phosphate. I may add that Maly has determined the presence of both acid sodium phosphate and acid sodium carbonate in blood.

Dr. Parkes' assumption, therefore, that fresh meat is antiscorbutic on account of the presence of lactic acid, is not opposed to my hypothesis that preserved or hung meat loses its antiscorbutic virtues owing to the development of this acid; since, as stated above, in the one case a small quantity of lactic acid and a sufficiency of base lead to the formation of *alkaline* salts, whilst in the other excess of acid and deficiency of base cause the formation of *acid* salts.

I am, Sir, yours obediently,

CHARLES HENRY RALFE.

Queen Anne-street, W., Nov. 28th, 1882.

SPINA BIFIDA.

To the Editor of THE LANCET.

SIR,—In your issue of November 18th there appears a report of a discussion on the subject of spina bifida before the Clinical Society of London, and I am gratified to notice that some cases successfully treated are mentioned. My object in noticing the discussion is not to criticise the remarks of any of those who took part in it, but rather to name one or two observations or reflections which an increased experience has enabled me to make. Let me state *in limine* that I never treat a case without previously informing the parents of the extreme danger, and of the possibility of even instant death, and my assistants are instructed in regard to the certainty of a fatal result if the cerebro-spinal fluid is allowed to drain away.

It is now my impression that many cases are lost from delay in the treatment; the tumour grows, and thus the interior presents a much greater surface, so large in fact that the infant's feeble powers are unable to bear up against the local excitation requisite to effect a cure, and exhaustion follows. Pressure also, but very gentle pressure, ought to be useful in dealing with the larger tumours. Again, although very many lumbar cases have been successful, I am satisfied that the injection ought to be made with greater care than usual in low lumbar, or those almost coccygeal. This is the opposite of what might be expected, but from dissection I have learned that there the openings into the spinal canal are often large, allowing the injected fluid to run further than is desired, and the shock is thus apt to be greater and more immediate.

In respect to hydrocephalus, it will occasionally occur in such cases, yet the history of at least two cases, known to me, shows that there was a threatening of hydrocephalus before operation, which afterwards permanently disappeared, as the patients are still alive and well. After injecting a spina bifida we should wait usually three weeks, longer if the tumour seems to be shrinking. The necessity for earlier interference might arise from circumstances too varied to be noticed here.

One case of meningocele was presented to me, which I injected not fewer than eight times with a solution of double strength (twenty grains of iodine and sixty grains of iodide of potassium in an ounce of glycerine), and which became perfectly consolidated. Nearly two years thereafter the child died of hydrocephalus.

I have been much pleased with the numerous successes of which, from time to time, I have been informed (now about forty), and my object in now writing you, is to lead, if possible, to greater security in an operation so critical.

I am, Sir, yours faithfully,

Glasgow, November 20th, 1882. JAMES MORTON.

ON THE DISTRIBUTION AND GERM ORIGIN OF CANCER.

To the Editor of THE LANCET.

SIR,—In the year 1875 attention was afresh directed to the geographical distribution of disease by the lectures of Haviland. Turning to one of the maps by which they were illustrated, that on cancer, we find that each bank of the Tweed about Berwick, of the Tyne at Newcastle, of the Swale, the Ouse, and the Humber in Yorkshire, the Trent about Nottingham, and the whole of our beautiful Lake districts are most fertile beds of cancer. Wales is nearly free except about the Conway and the Dovey; so are the manufacturing districts. Whilst Chester, Shrewsbury, Derby, Newark, and Lincoln are bad; as are, also, parts of Birmingham, the towns of Nuneaton and Lutterworth, and Huntingdonshire, Norwich, Stamford, and Peterborough. Cornwall is comparatively free except in the neighbourhoods of Falmouth and Bodmin. A belt of liability runs across Devonshire from Barnstaple to Exeter and Exmouth. Plymouth and the vicinity, with Totnes, is above the average; as, also, are Taunton, Axminster, and Bridport, Wells, Warminster, Blandford, and Poole in Dorsetshire. Bath stands high for mortality from cancer; so do Tetbury, Marlborough, Devizes, Shaftesbury, and Lymington. The Isle of Wight is all but free from cancer; and so is, likewise, the New Forest. Brighton and its district are bad; so are Hastings, Romney Marsh, Folkestone, Dover, Deal, Ramsgate, and Margate. Coming nearer to the metropolis, we find that in Chertsey, Guildford, Dorking, Epsom, Reigate, and East Grinstead cancer is pretty equally prevalent. The huge London district, with the exception of Uxbridge and Hendon, if we extend it to Oxford and Aylesbury, with St. Albans on the one side, to Ware, Epping, Ongar, and Shoeburyness on the other, constitutes one appalling cancer field. In London proper, strangely enough, the parish of St. Luke's, the swarming neighbourhood of Bishopsgate, crowded Bethnal Green, far away Old Ford, Bow, Poplar, the Isle of Dogs, savoury Rotherhithe, and fragrant Bermondsey, are almost entirely exempt. The west, the north, the south as far as Wandsworth and Clapham, have a second degree of mortality; the parts about the Marylebone-road, Regent's-park, and Primrose-hill are exceptionally bad. The returns for London go to show what is demonstrable in another way—that density of population, hard living, and laborious toil have very little to do in favouring the appearance and growth of cancer. Liverpool, like London, is situated on the banks of a large tidal river; it has a teeming and not over-sober population; its deaths in 1878 from all causes out-numbered by a thousand the total of its births; and yet it, with this heavy general mortality, has an enviably small percentage of deaths from cancer. The reason being that it is surrounded by a district not liable to cancer—one, in fact, affording the lowest mortality from this cause. On the contrary, London is a huge cancer-bed in itself, and at every

conceivable point the country for many miles round is almost equally bad. From these facts Haviland deduces the following conclusions:—All places and districts with a high mortality from cancer present common characteristics. They have rivers or streams taking their rise in soft, crumbling rocks; the volume of water is liable to overflow after violent rains or sudden thaws, submerging the country to a greater or less extent on either side. The subsidence of these floods is very much more gradual than the rapidity with which they spread. Hence a complete saturation of the soil to a considerable depth, and from the surface a constant exhalation of decaying vegetable and organic matter. The land having never time to purge itself from the poisonous malaria thus engendered, has a store constantly in hand with which to welcome the next deadly overflow. Hence, I would submit, that it follows incontestably that cancer beds, once formed in this fashion, must go on in an ever-increasing ratio in the manufacture, propagation, and dissemination of germs which are the sole efficient cause of cancer.

If this theory, which I contend the logic of facts establishes, be correct, it throws much light on the increase of cancer, its apparent hereditary nature, its liability to return, and preponderating influence amongst females, whilst it affords some hope of successful treatment.

I am, Sir, yours obediently,

Brook-street, W., Nov. 6th, 1882. R. S. GUTTERIDGE, M.D.

DEATH AFTER ABDOMINAL OPERATIONS FROM HEART-CLOT, DUE TO DISEASE OF THE KIDNEYS.

To the Editor of THE LANCET.

SIR,—In THE LANCET, November 25th, 1882, Mr. Lawson Tait asks "help from those who are familiar with kidney troubles." I doubt if he will find anyone who can help him to diagnose these granular kidneys before operation; or who can teach him how to prepare the patient so as to avoid possible evil results from their presence. I will, however, venture to tell him how to avoid such deaths as he describes. Let Mr. Tait protect his patients from sepsis during the operation, and he will avoid these deaths "in thirty-six hours from heart-clot," which simply mean deaths from acute septicæmia, or septic intoxication. "The details of the operations were found to be quite satisfactory." Why? Because the poisoning is so rapid that all secretion and excretion is checked, and all the vital processes are in abeyance. If the patients lived long enough septic peritonitis, pleuritis, &c., would develop, and we should not find the details of the operation so satisfactory. If Mr. Tait will consult Mr. Spencer Wells' admirable ovariotomy tables, he will find plenty of such cases as he records, but the deaths are not attributed to the diseased kidneys. The deaths are due to the disease of the kidneys, but only indirectly so. The septic virus is the real cause of death; the diseased kidneys cannot eliminate it, and the patients are poisoned right off with it; whereas if their kidneys had been healthy much of the poison would have been eliminated, and they might have struggled through, or died later with distinct post-mortem evidences of the septicæmia. The rapidly-ascending pulse is the characteristic feature of the condition; high temperature may be absent, or the temperature may even be subnormal; the poison acts too quickly and violently for the development of the tissue changes which cause high temperature.

It has become the fashion with those who discard Listerism to attribute all their mortality after operation to diseased kidneys. First it was the carbolic acid which caused fatal nephritis, or overworked these diseased kidneys. Now the carbolic acid has been sent to the right about, and still the patients with diseased kidneys die; so it is only the kidneys that cause death. I do not deny that carbolic acid recklessly used may cause death with these diseased kidneys or even without them; but I affirm that all evidence is in favour of the septic virus being the greatest danger to patients with diseased kidneys. Some time back I called attention to the fact that in spite of Listerism, patients who have been tapped will die of septicæmia. Mr. Tait would have none of it, but now he comes forward and in his own practice demonstrates the association between tapping and death after ovariotomy from heart-clot, which is simply death from septicæmia, as everyone with sufficient experience in abdominal surgery knows. Perhaps Mr. Tait can tell me why he and those who agree with him, with regard to Listerism, are so afraid to admit a death from septicæmia.

I am, Sir, yours faithfully,

J. KNOWSLEY THORNTON.

Portman-street, W., November 27th, 1882.

"SHOULD DISEASES OF CHILDREN BE MADE A SPECIALITY AT OUR GENERAL HOSPITALS?"

To the Editor of THE LANCET.

SIR,—Mr. Churchill's letter and your remarks thereon bring prominently forward the remarkable fact that by far the majority of those who leave our medical schools at the present time, to face the responsibilities of general practice, leave with a very inadequate knowledge of the diseases of children, although in all probability the major portion of their first patients will consist of children. Possibly under the idea that the greater includes the less, or that opportunities of frequenting the out-patient room of a children's hospital are not readily afforded, and do not pay from an examination point of view, they never familiarise themselves with the clinical examination and treatment of children whilst students, and find out their error only when fairly launched upon general practice. It is beyond all doubt a fact that not only the average student, but by far the majority of the men who have held the most valued resident posts at our large hospitals, leave to enter upon practice unfamiliar with the ordinary complaints of childhood, and are completely at sea in the matter of prescribing medicine or a diet for a child. To take one familiar instance: How many children are sent into a fever hospital in the course of a year suffering from acute pneumonia, the sender unfamiliar with the facts, that croupous pneumonia in children as often attacks the apex of the lung as the base, that it is frequently attended with delirium, and that the classical physical signs may be latent or may never appear. In some cases, no doubt, men have the means and the wisdom to take a clinical assistantship or house-surgeoncy at a children's hospital or dispensary before entering upon private practice, but this can only be the privilege of the few; the majority will still be dependent upon the clinical instruction to be derived from lectures and visits to the out-patient room or wards of a children's hospital or special department of a general hospital. How is it possible to facilitate the study of children's diseases at our medical schools? I have often been struck by the absence of any questions on diseases of children, except, perhaps, one or two stock ones, in the medicine papers set by the various examining boards; no one wishes for a separate examination paper, but surely, considering the importance of the subject, it should fairly claim a fair share of attention. Why, also, will not the examining boards recognise three months spent in attending the practice or filling the post of clinical assistant at a children's hospital, as they do at a lunatic asylum, to count as part of the time devoted to clinical study? I must confess, Sir, too, that I cannot agree with you when you deprecate the giving of a course of systematic lectures on diseases of children. No one doubts that the multiplication of lectures is a weariness to the flesh; but surely a course of, say, ten or twenty lectures on a subject that bears so closely on the daily work of every ordinary practitioner would be at least of equal value to the courses regularly delivered on botany, comparative anatomy, toxicology, or lunacy? Need there be any real severance of the course from that of systematic medicine because given by a second person whose daily work renders him specially familiar with the subject? The classical lectures of Watson and West are found, or ought to be, side by side on the shelf of every practitioner: would anything be gained by binding them up together? Surely the lecturer on medicine will not feel himself aggrieved because he is relieved of the necessity of discoursing on diseases incident to birth, or on the athrepsia of infants or even congenital syphilis or whooping-cough? While, on the other hand, it would be absurd for the children's course to cover the whole ground occupied by pneumonia or typhoid fever because they both happen frequently to occur in childhood. If these lectures are illustrated by clinical teaching in the out-patient room and wards, I cannot but think that they would be productive of

good and help to fill up a hiatus that undoubtedly exists in the teaching arrangements of our medical schools. A special department may possibly be organised at some general hospitals; but I fancy a good many will be found to oppose the emptying of an adult ward to fill it with children. In spite of the distance which often exists between the various institutions, I believe if regular clinical instruction is given at the various children's hospitals in London and in the provinces they will not fail to attract students, and facilitate the acquirement of knowledge closely bearing on their future career. As a welcome sign of the increased interest taken in the subject comes the newly created section for diseases of children at the British Medical Association meeting to be held at Liverpool next year.

I am, Sir, yours faithfully,

HENRY ASHBY,
Lecturer on Diseases of Children at the Owens College.

Nov. 20th, 1882.

"THE CONTAGIOUS DISEASES ACTS."

To the Editor of THE LANCET.

SIR,—In THE LANCET of October 28th there is a short article by my friend Mr. Rawdon Macnamara, advocating the extension of the Contagious Diseases Acts to Dublin; will you kindly allow me space for a few observations on that article?

In the first place, Mr. Macnamara, no doubt unconsciously, does great wrong to those gentlemen who have all along steadily contended for the extension of the Acts. He takes up the ground that they have always approached the question solely from the man's point of view, ignoring the woman altogether. On the contrary, they have always argued that the system benefits the woman in securing her better health, greater decency of life, and opportunities of reclamation, which she could not otherwise have (see the evidence of Dr. Barr before the Parliamentary Committee).

Secondly, Mr. Macnamara says that those who oppose the Acts contend that any beneficial results (if there be any) are confined to the male sex, they also ignoring the woman. So far from this being the case, those amongst us who are opposed to the system of regulated prostitution base our opposition on our conviction that no benefit whatever arises from it to either sex. We believe that it causes an increase of vice in the male sex, by leading men to suppose that the risk of incurring infection is, at least, very much lessened; that their moral feelings, particularly those of the young, are perverted by finding that the State undertakes to provide them with healthy prostitutes; that this engenders in the rising generation of young men a feeling of cynical brutality in their view of the mutual sexual relations. Further, we are satisfied by the evidence laid before the Parliamentary Committee that no improvement in the health of either the army or navy has been obtained through the agency of this system, while there is shown to be an increase of disease among the women, and a greater difficulty of escaping from their wretched life, as proved by the fact that the average age of the women on the register advances year by year, showing the almost impossibility of their escaping from their mode of life when once they are put upon the register. Still, it does appear, from the legal sanction given to their wretched trade, that they obtain more emolument, and so have the means of making themselves personally more attractive. Is this an advantage for public morality? Let those members of our profession who wish to know the exact truth on this question take the trouble to read the evidence given before the Parliamentary Committee. They will find abundant proof that the Acts are an utter failure in a sanitary point of view; the navy returns, published from year to year, show that contagious diseases are even more prevalent among the crews in the protected than in the unprotected stations.

Further, let me remind the profession of the utter confusion that fell upon our foreign visitors, at the International last year, when they found such a strong medical opposition in England to their favourite system, an opposition led by such names as those of John Simon, Henry Lee, and H. A. Allbutt, the result being that neither in the section of public health nor in that of military medicine did anyone venture to propose a resolution in favour of regulation, though this had been done over and over again in the different continental meetings of the Society. I now see by your last number that you fully concur in the views of Mr. Macnamara, but as there is no probability of the Contagious Diseases Acts being extended to London, or to any other place, during the continuance of the present Parliament, seeing the prudent advice of the Select Committee that there should be no attempt to extend the Acts in the teeth of the strong opposition of the Nonconformists—this being so, I would suggest that if those (magistrates or vestries, as may be) who are responsible for keeping order in the London streets would take a hint from this city, they would find that one inspector with a dozen intelligent constables could easily maintain order from Cheapside to the Haymarket without requiring any extraordinary powers.

I am, Sir, your obedient servant,

EWING WHITTLE, M.D., M.R.I.A.

Liverpool, Nov. 15th, 1882.

*** The facts are so plainly conclusive as to the social value of the Acts in repressing the vice of our streets that there is really nothing to discuss. The average age of the women has increased because, happily, the proportion of young girls in the class in protected districts is reduced. The majority of the Parliamentary Committee, after a most protracted inquiry, in which every possible objection was urged, came to the conclusion "that the Acts are necessary for the good of the community."—ED. L.

SUPRA-CLAVICULAR PSEUDO-LIPOMA.

To the Editor of THE LANCET.

SIR,—By a singular coincidence, a leaderette in your issue of Nov. 4th throws light on a case which I saw for the first time yesterday.

My patient is a man fifty-nine years of age, and had a fall a week or two ago. Since then the neck has been very stiff, and it was on account of this that he came to consult me. On examining the neck yesterday my attention immediately directed itself to a soft elastic tumour in the left supra-clavicular region. The man had been for many years in the habit of carrying sacks of corn on that shoulder, and I was at first inclined to regard it as an artificial bursa. It was, however, somewhat firm for that, and I fancied, as did also Mr. Banatrala, who saw the case with me, that I could detect some indefinite lobulation. On baring the neck completely we found a similar, but less marked, tumour on the right side, which at once disposed of the theory of the bursa, as my patient had not been in the habit of carrying on that shoulder. The tumour, however, scarcely answered fully to the description of an ordinary lipoma; and in this state of mental uncertainty I read your leaderette this morning. I have since then examined the case further, and desire to report the following facts:—The patient is of a distinctly rheumatic diathesis, having suffered from rheumatic pains in the limbs and joints for upwards of thirty years, but he has not had either acute rheumatism or rheumatic iritis. He has frequently had lumbago, and there is evidence of chronic rheumatic arthritis in the metacarpo-phalangeal articulations, and in the right knee-joint, besides considerable thickening and irregularity of both tibiæ. The right first metacarpo-phalangeal articulation gives distinct crepitus on motion. The tumour itself on the left side lies in the triangular space formed by the sterno-mastoid, trapezius, and clavicle. It is two inches in diameter from the centre of the clavicle to the upper part of the tumour at the apex of the triangle, and two inches and a half from the front lower angle of the tumour, overlying the posterior border of the sterno-mastoid to the posterior upper part of the tumour in front of the anterior border of the trapezius. The skin moves freely over it, and is not discoloured. The tumour on the right side is similar to, but smaller than, that on the left. To the left of the spinous processes of the upper cervical vertebræ there is a marked, firm, and rather tender swelling, contrasting strongly with the flaccid condition of the muscles on the right of the same spines. This I take to be a hypertrophy of the trapezius, due to the patient carrying weights on the left shoulder, and possibly aggravated at the present time by slight muscular rheumatism. There is some œdema of both legs; but there are no similar swellings, either œdematous or lipomatous, in any other of the situations mentioned in your article. The urine has always been from time to time liable to deposit lithates; its specific gravity

is 1016, but it is pale, limpid, and colourless, markedly acid, without either albumen or sugar, and does not present any appreciable quantity of uric acid.

It appears to me that, *à propos* of your article, this case may be of interest, and I therefore send you details to publish if you think fit.

I am, Sir, yours faithfully,

KENNETH W. MILLICAN, B.A. Cantab., M.R.C.S.

Kineton, Warwick, Nov. 4th, 1882.

THE RECENT BANQUET TO THE MEDICAL OFFICERS FROM EGYPT.

To the Editor of THE LANCET.

SIR,—You will greatly oblige me by kindly inserting this in your next issue to prevent any misunderstanding in what I meant to say about my Division at the banquet given by the profession to the medical officers of the Egyptian Expedition. It should have run thus:—"The death-rate (from climate) was *nil* from August 21st to October 16th. We had an admirable ambulance corps, of which we were able to lend 400 to the Army Medical Department to carry off the wounded at the battle of Tel-el-Kebir, and they did their work admirably. We gave them also an ambulance column of ninety-six dandies (stretchers), which, however, did not arrive in time for the battle, &c."

I remain, Sir, yours faithfully,

COLVIN SMITH, M.D.,

Deputy Surgeon-General Madras Army, lately P.M.O., Indian Division, Egyptian Expedition.

Marloes-road, Kensington, Nov. 28th, 1882.

NEWCASTLE-ON-TYNE.

(From our own Correspondent.)

AT Sunderland the high death-rate—viz., 47·7 per 1000 by the latest returns—now prevailing is producing some anxiety in the minds of the authorities. It is, no doubt, principally owing to a very severe epidemic of measles, which is causing a mortality of about twelve children weekly. Scarlet fever is slightly in excess, and there is also typhus existing to a considerable degree. The authorities are fully alive to the matter, and are doing what they can to prevent the spread of the disease. There is another matter which may make the Sunderland death-rate appear higher than it really is, and that is that the population is believed to be in excess of the Registrar-General's estimate, for when the census was taken there were about 1453 houses uninhabited, whereas, owing to trade revival, there are now only 150 unoccupied. The occupied houses are also more crowded from the increase in employment, and more than three hundred new houses have been built, so that the population of the borough is now believed to be 130,143 at least. The death-rate from measles for a considerable time has been 5·0 per 1000 inhabitants. The typhus fever has not assumed an epidemic form, it has been principally among the Irish population, and occurring in tenemented houses; the same remark applies to small-pox, and prompt measures having been taken as to isolation and disinfection there has been no death so far from it. Much good has followed the free distribution of handbills and placards instructing the poor as to disinfection and isolation of zymotic diseases. South Shields, considering the communication constantly going on between it and Newcastle and Sunderland, would appear, as has been frequently noticed before, to enjoy some degree of immunity from epidemics; the mortality from autumn diarrhœa, which was somewhat high, has now disappeared. There is some prevalence of scarlet fever, but it has been hitherto of a mild type, and unaccompanied by any serious fatality.

The last returns of zymotic diseases notified by practitioners in Newcastle show, during the fortnight ending Nov. 11th, the presence of 109 cases of infectious disease, inclusive of thirty-six cases of small-pox. As regards the last disease there is reason to fear that these numbers are not to be accepted as a complete account of the prevalence of this disorder; for I was told by a practitioner of good standing here that in a single street in Newcastle there had been sixteen cases of small-pox, not one of which had been attended by a medical man, and were, as a matter of course, unnotified. Poor people, from prejudice, conceal the disease if at all possible, and through ignorance, for they fear medical attendance leads to compulsory removal to the hospital, followed by destruction of their bedclothes. These cases were "prescribed" for by chemists, grocers, and old women, and were, of course, mild, or concealment would have been impossible. But what about the spread of the disease?

The subject of bridge accommodation in Newcastle has been much mooted lately in public meetings, and otherwise it is one that immediately affects practitioners here who cannot, without much loss of time, pass over to Byker, a district of the borough containing a population of 30,000, without paying toll going and returning. A bridge over a ravine of the Ouseburn was constructed by a private company; the people now reasonably ask for the purchase of the bridge by the Corporation, seeing that they contribute so largely to the rates, and are likely to do more so in the future provided the bridge is made free. Newcastle and Gateshead, so far as regards medical practice, may be considered one town, for Newcastle men visit a good deal in Gateshead, and our Gateshead neighbours return the compliment, perhaps with "interest," yet there is no practical way of passing between the towns, without much loss of time and some risk from dangers of heavy traffic, except by taking choice of two bridge tolls. It is not too much to hope that the inhabitants of both great towns may bestir themselves before long, and ask for freedom of communication. But would you believe it? There is actually a mediæval impost also kept up, by which small articles of merchandise and food are taxed by the Corporation of Newcastle. This relic of "the dark ages" is called "the through toll;" and to see a poor man's cart stopped, and the traffic thereby impeded while the search goes on, makes a stranger doubt his whereabouts, the impost and custom so much resemble the *octroi* of continental towns.

The photographic art has attractions for some of our practitioners as a useful amusement, as was evidenced by the meeting of the Newcastle and Northern Counties' Photographic Society held here the other day, Dr. G. Berwick of Sunderland presiding. Dr. G. Berwick has himself followed the art as an amateur with not a little success, and has made it subservient in portraying forms of parasitic disease. I saw a very nice picture by him, which was developed two years after exposure; the character of the work spoke well in the durability of effects for the care exercised by the operator.

It may interest those of your readers who are chess-players to know that we are having a visit from Mr. J. H. Blackburne, the great player; and on Friday last he played eight simultaneous games blindfolded, in which he was pitted against some of our crack players, with the result of winning five, two were drawn, and he lost only one. Was not this a physiological as well as an intellectual feat, as during the battle, which lasted several hours, he sustained himself solely by a cup of coffee and an occasional havannah?

Newcastle-on-Tyne, Nov. 28th, 1882.

SCOTTISH NOTES.

(From our own Correspondent.)

I HAVE so recently had something to say regarding the position occupied by Professor Pirrie, at Aberdeen, that I do not now wish to say more than his loss, had it come before his day's work was well done, would have been quite irretrievable. His whole soul was engaged in his work as a teacher; and old students everywhere will feel his death as a great personal grief.

So far as yet ascertained, the number of matriculated students of medicine at Aberdeen University for the present winter session is 314, an advance of 28 upon last year's aggregate.

Interest attaches to the report of Mr. Turnbull, M.B., superintendent of the Fife Asylum, chiefly from the enthusiasm with which he, aided largely by Dr. Fraser, Deputy Commissioner in Lunacy, carried out the system of boarding out his chronic cases. Year by year there is a stronger tendency on the part of superintendents to adopt this

method of relief from overcrowding, but it too often seems that it is only because the house will hold no more that these harmless creatures are sent into the suitable quiet of the cotter's family. If the commissioners' reports are looked into, it will be found that there are some asylums where the boarding-out system has certainly been put into force, but it is evident that the patients have been squeezed out only to make room for more urgent cases. Mr. Turnbull evidently pursues the subject *con amore*. Taking all the reasons for the discharge of patients, he shows that the admissions will usually exceed the number discharged by about 20 per cent.; and he argues that this residuum might in great part be suitably consigned to the care of people of the same class as that to which the patients themselves belong; that they can thus be most economically supported; that they there lead happier, and often useful, lives; and that, in point of fact, his own experience, and that of his predecessors, show the advantages of the plan. He finds no difficulty in securing suitable guardianship; though he apparently sends the greater number of his cases at first on probation, he finds that few require readmission. During the five months ending in July, twenty-five cases were disposed of in this way; and the general result for the year is, that notwithstanding an admission rate above the average, the number of patients under treatment is eighteen less than at the end of last year.

The General Board of Commissioners in Lunacy has just been successful in an action of considerable importance to those engaged in the working of the lunacy laws. The Board craved power for the removal of a female lunatic from her mother's charge, and that she might be placed in the asylum. The application was under section 14 of the Act 29 and 30 Vic., chap. 51, and evidence showed that the patient was subjected to compulsory confinement in her mother's house, and that the filthy manner in which she was kept amounted to harsh or cruel treatment. The authorities of the parish of Cameron concurred in the application, and the sheriff granted a warrant for the removal of the lunatic.

From the appointments made last week at the University College, Dundee, it appears that considerable caution is being exercised before the authorities commit themselves to any scheme for the general teaching of science. The appointments now made complete what will form the first teaching staff, but so far only five chairs have been filled—viz., classics, mathematics, chemistry, English, and engineering. These are all classes which must necessarily be provided in such a college as is proposed for Dundee; but the profession will be chiefly interested in knowing what is to be done with the other science subjects which form part of the medical curriculum. The chief difficulty exists in finding a simple and satisfactory agreement between St. Andrews and the new institution, by which the new and well-endowed school should have recognition and status accorded it by its dignified and ancient neighbour, while the latter might have that association with a large commercial centre, which seems, now-a-days, so needful to success. With the new Tay Bridge, Dundee will be but half an hour distant from St. Andrews, and in such close proximity two strong colleges can scarcely exist if in rivalry. The newly appointed professors are young, and apparently able men in their respective departments.

PARIS.

(From our Paris Correspondent.)

AT the last meeting of the Academy of Sciences M. M. Charles Richet and Rondeau submitted a short note on some experiments performed by them, with a view of studying the mechanism of death by the action of extreme cold. Dogs resisted extremely low temperatures without any inconvenience, whereas rabbits submitted to the same temperature were with great difficulty restored to their normal condition. These animals, subjected gradually to temperatures marked by the Centigrade thermometer 20° C., 18° C., 15° C., 14° C., below freezing point, or within four degrees of 0° F., presented the following phenomena: The respiration was slackened, the excitability of the muscular system was gradually diminished, although it lasted for some time, the contractions of the fibres continued, but slowly as in chelonian reptiles, the turtle, for instance. The pulse was reduced in the number of beats. At a temperature of 17° C. below freezing-point only ten or twelve beats per minute could be counted. The authors assert that animals suffering under the influence of extreme cold, and in which their vital energy would be insufficient if left to themselves may be restored to their normal condition by artificial respiration; and they add that a sort of artificial hibernation may be produced in animals, provided the refrigeration does not exceed certain limits.

At the same meeting, M. Béchamp read a paper relating to the influence of hydrocyanic acid on oxygenated water by fibrine. The result of the experiments performed by the learned professor was that the acid, so powerfully toxic, is destroyed by contact with fibrine.

M. Faye, the Director of the Paris Observatory, has endeavoured to explain the cause of the almost incessant fall of rain we have had during the present year, and which has been more or less prevalent all over the continent of Europe. According to the learned astronomer the number of comets that have made their appearance within the last four years would be the only cause of this atmospheric purturbation. These wandering stars, which move around the sun, absorb a very great proportion of its rays. The heat not being sufficient to draw up the vapours accumulated around our planet, the result is the condensation of these vapours, which fall to the earth in the form of continual rain. If the comets continue during a certain number of years to obstruct the sun's rays, M. Faye predicts the earth will become unproductive, and be transformed into an extinct globe, floating about in the air in obedience to the laws of gravitation. I may, however, observe that the cause of unusually dry seasons has been attributed also to the presence of comets.

Dr. Martineau, physician to the Lourcine Hospital, delivered a series of interesting lectures on "The Evolution of Syphilis." He devoted a whole lecture to the medical geography of that malady, of which I send a short summary. He commenced his lecture by observing that the subject under notice was very interesting, but at the same time most difficult to solve. He then put the question, Why should the evolution of syphilis take place abnormally? What are the etiological factors of this deviation of the evolution of this malady? In his inaugural thesis Dr. Ott, one of Dr. Martineau's pupils, has attempted to solve the questions, and he has studied the various circumstances which would appear to exercise a certain influence on the evolution of syphilis. The author remarks that military and naval surgeons have written a great deal on the subject, but they have fixed their attention only on the influence of climate in the evolution of the malady, without taking into consideration other factors. All writers, however, on the subject seem to be agreed on one point—viz., that the temperature alone does not appear to influence, in a marked degree, the evolution of syphilis. But if only the temperature be taken into account, syphilis would show itself in a more aggravated form in the temperate and warm zones than in the tropical, torrid, or the polar regions. Dr. Ott, however, observes that the gravity of the malady depends less on the climate than on defective hygiene, and on the existence of any previous malady (scrofula, tuberculosis), or on endemic cachexia (paludism, alcoholism).

A telegram has been received in Paris contradicting the report of the persistence of cholera at Mecca, whereas the Egyptian delegate at Alexandria declared that the disease is still prevailing at that place. The French Minister of Commerce, however, not placing much reliance on these contradictory reports, has taken such measures as will prevent the incursion of the malady into Europe, and among others he has stationed at the Italian opening of the tunnel at Mont-Cenis, two chemists who are charged with the duty of submitting all letters and other papers coming from the East *viâ* Brindisi and the Italian railways to a particular process of disinfection before being transmitted to their destination.

An epidemic of typhoid fever has broken out at Saintes, a small town in the department of the Lower Charente. There have been upwards of 200 cases during the last week, which is considered a large proportion, as the inhabitants number only about 12,000. Several of the nuns who have been attending the sick have fallen victims to the malady.

The epidemic of Paris continues to decline, and hopes are entertained that it will soon disappear altogether. The present epidemic has been productive of some good, it has aroused the municipal authorities to a

sense of the importance of attending to sanitary measures, and the treatment of the malady is being fully discussed at the Academy of Medicine.

Paris, Nov. 28th, 1882.

MEDICAL NOTES IN PARLIAMENT.

Scurvy in the Mercantile Marine.

In the House of Commons on Monday, Mr. Dillwyn asked whether the President of the Board of Trade was prepared to take any action upon the report of Mr. Thomas Gray as to the increase of scurvy in the mercantile marine.—Mr. John Holms replied that the report had been forwarded to the various local marine boards, with a circular asking for their observations. Some of the replies had not yet been received, the matter was under consideration, and it was at present impossible to say what action the Board of Trade would decide to take.

Brixton Military Prison.

Sir A. Hayter, in reply to Mr. Bourke, said Sir Edmund Du Cane, Surveyor-General of Prisons, had received no report of any injury to the mental or physical condition of prisoners by the system of solitary confinement at Brixton Military Prison. The prisoners were mainly employed in oakum-picking, and were kept in their cells except when at chapel, exercise, or shot drill. He would communicate with the army clothing department, and see whether some employment other than oakum-picking could not be found for those who were eligible for it.

Vaccination Questions.

On Tuesday, Mr. Hopwood asked the President of the Local Government Board whether his attention had been drawn to the statement by the inspectors in the inquiry into the case of eight children attacked with erysipelatous disease after vaccination at Norwich, as to four of the cases which terminated fatally: "we cannot divest our minds of the strong impression that the lymph used in vaccinating those children must have carried with it the elements of the disease which they subsequently developed;" whether the public vaccinator had been recommended for award from the Parliamentary grant; whether Dr. Buchanan, the medical officer of the Local Government Board, in his memorandum charges the same vaccinator with using dirty or improperly cleansed instruments in the processes of vaccination during the years 1876 to 1880, and later; and whether it was any excuse by law, in answer to fresh summonses to vaccinate, for the parents of any of the children so attacked to urge their fear of similar risk to the survivors; if not, whether he proposed by legislation to relieve such parents from the compulsion at present existing.—Mr. Dodson pointed out that the quoted words had reference not to four cases which terminated fatally, but to four cases vaccinated from one child, and of which two did not get erysipelas. Dr. Guy, the public vaccinator, was recommended in 1874, but not in 1876 or 1878, and he was again recommended in 1880, when the objectionable practice previously discovered by the inspector appeared to have been discontinued, inasmuch as it was not again charged. It was no legal defence to a summons for parents of children who had been attacked with erysipelatous disease after vaccination to urge their fear of similar risk to their other children. He was not prepared to assent to the view that because one child happened to have suffered, owing to malpraxis, or to some accidental circumstance, therefore all other children should be deprived of the protection which vaccination afforded. At the same time, it was open to the justices in any such case to impose a nominal fine, or to decline to make an order for the vaccination of the child; and he hoped that whenever any such case occurred it would be considerately and tenderly dealt with.

The War Office Committee.

Lord Burghley inquired whether it was correct, as stated by Lord Morley at the dinner to the Medical Staff on Nov. 21st, that the War Office Committee was not appointed to inquire into the alleged defective condition of the Army Medical Department during the Egyptian War.—Sir A. Hayter replied that he thought the noble lord's observations must have been misinterpreted. The following were the Secretary of State's instructions to the Committee: "It will be advisable that the Committee appointed to inquire into the organisations of army hospital corps should extend the scope of its inquiry into the question of hospital management and nursing in the field, as well as the sea transport of sick and wounded. The recent experience in the Egyptian campaign will be most valuable in such an inquiry. The Committee should ascertain what deficiencies, if any, existed in the field or other hospitals, or hospital ships, in that campaign, with a view to future remedy."—Lord Burghley asked when it was likely the report would be presented.—Sir A. Hayter said great efforts would be made to complete it by next session.

The Contagious Diseases Acts.

Mr. Stansfeld gave notice that he will move for correspondence relating to the operation of the Contagious Diseases Acts in Devonport; and also that next session he will again bring forward a resolution in opposition to the Acts.

On Thursday, the Speaker was able to resume his duties in the House.

Bengal Gaols.

Mr. O'Donnell asked what steps had been taken to reduce the mortality in the Bengal gaols, since the last report showed that though less than in the exceptional year of 1879, it was still immensely higher than among the free population of all conditions.—Lord Hartington said that since papers were laid on the table on this subject in the present session, the only additional information that had been received was contained in a despatch from the Government of India, dated July 29th. It was there stated that in consequence of his (Lord Hartington's) despatch in May, a circular address had been issued to the various local centres to ensure greater vigilance in the matter of the mortality returns. The dietary scale now in operation was sufficiently good to keep the prisoners in health. The report stated that the returns of the deaths among the free population could not be relied upon in the same way as those of the deaths in gaols, where every case was strictly recorded. The Government of India had promised to send home annually a general review of the gaol statistics.—Mr. O'Donnell asked that inquiries might be made as to the effect not only of the dietary scale, but also as to the effect of the absence of ventilation and overcrowding in the gaols, and also as to the effect on the health of the prisoners of the habit of heaping together mounds of earth instead of beds.—Lord Hartington said he thought the sanitary condition of the gaols was under the consideration of the Government of India and of the Local Government Board. He would cause inquiry to be made into these allegations.

The Artisans' Dwellings Acts.

Mr. Dodson stated to Sir R. Cross that the attention of suburban sanitary authorities had been called to the evidence given before the Select Committee on these Acts, as to the want of sanitary regulations with regard to some of these dwellings erected outside the jurisdiction of the Metropolitan Board. He would consider whether it was necessary that the powers of local authorities in this respect should be extended.

Obituary.

PROFESSOR PIRRIE, M.D., LL.D., F.R.C.S.ED., &c.

EMERITUS PROFESSOR WILLIAM PIRRIE died at his residence, in Union-street, Aberdeen, on Nov. 21st, at the age of seventy-five years. The sad announcement was scarcely a surprise to those who knew how he had suffered for the past eight months, at first from an attack of peri-hepatitis, and quite recently from an abscess, the result of an enlarged prostate. Little of wonder need be occasioned by the death of one who has attained to such a venerable age; but those who knew the fine physique, the working qualities, and youthful spirits of Dr. Pirrie were not accustomed to consider him as almost an octogenarian, but as one who had yet the capacity for much good work.

William Pirrie was the son of a small farmer in the parish of Gartly, near Huntly, in the county of Aberdeen, where he was born in 1807. His general education, begun in the

parish school, was carried on in the grammar school, and finished in Marischal College, Aberdeen, where he graduated in Arts. The moderate curriculum then necessary for graduation was completed by Dr. Pirrie in Aberdeen and Edinburgh; and how moderate it really was is illustrated by the fact that only one professorship of a purely medical subject then existed in Aberdeen. In 1828 he became Licentiate of the Royal College of Surgeons, Edinburgh, and in 1829 took his degree as Doctor of Medicine. While in Edinburgh he had the advantage of a close connexion with his *beau idéal*, Liston, for whose memory he throughout life cherished the warmest regard. Liston he considered as the greatest of British surgeons, and amongst his wonderful collection of instruments there was none so prized as the amputating knife formerly used by his master. The manner in which the ambidextrous surgeon held his knife while operating was a subject which Dr. Pirrie would debate with warmth; and his oil painting of Liston's hand, showing the method considered proper, was valued much above its merits as a work of art. After a year of study in Paris, Dr. Pirrie returned to Aberdeen, and in 1830 was appointed Lecturer on Anatomy and Physiology in King's and Marischal Colleges. Thus began his career as a teacher, which was destined to last for over half a century and to win for him a great name. Till 1839 he continued this lectureship; and ever afterwards attributed his success as a surgeon in great part to the thorough acquaintance with anatomy then obtained. In 1839 the chairs of anatomy and surgery were founded, and Dr. Pirrie, who had already a large surgical practice, was elected the first professor of surgery. From that time till a few months ago he maintained the dignity and the usefulness of the chair in such a manner as has done more to establish and enhance the fame of the Aberdeen School than has the work of any other man connected with it. It is as a teacher that Dr. Pirrie will be remembered; in the lecture-room he was *facile princeps*. From the first he gave himself with rare devotion to the work which he thought so honourable; his interest and enthusiasm were in the highest degree contagious; his commanding presence and his confident tone gave weight to his statements; while his practical method of teaching was no new development in response to modern clamour, but the system which he had consciously and from the first maintained as the most useful. His readiness of speech allowed him to dispense with manuscripts; but as a consequence he was somewhat given to repetition, though seldom in other than important points. Occasionally, in the hurry of thought and articulation, delightful "bulls" were perpetrated, which his students would not willingly have missed, and a string of adjectives was formed which would not always bear analysis. Many a story is told of the surgery class when old Aberdeen students get together, but the mirth is always leavened with respect and even love for him who is now gone, and, indeed, the most delightful reminiscences of student life in Aberdeen somehow connect themselves with his class. As we have said, his manner of teaching was chiefly demonstrative, and for this purpose he had brought together a number of specimens and instruments, the latter especially which were quite unique. No other collection of surgical instruments in the kingdom, in the hands of any practitioner, equalled that of Dr. Pirrie. Some of his pathological specimens were most valuable; and how delighted he was to expatiate upon these all Aberdeen graduates will remember. Upon this practical method Dr. Pirrie was able to bring to bear an amount of knowledge of the history and literature of his subject, which must be most exceptional; and we believe that the acquaintance with all that has been written on surgery, which Dr. Pirrie showed, would have given him high rank as an author had he chosen to publish on the subject. He has been known to hint his intention of publishing a "History of Surgery" could he but find time, and it is just possible that he had advanced so far with this work as to make his labours available to others; it is almost certain that had he been spared to the profession but a little longer such a history would have been forthcoming. An old assistant and house-surgeon of Dr. Pirrie's writes:—"I verily believe he knew Paré by heart. He certainly knew everything worth knowing that was written on surgery from the beginning of time to the eighteenth century." To his lifelong habit of early rising Dr. Pirrie was probably indebted for his almost encyclopædic knowledge of his subject. It was his custom to devote four hours every morning to reading and writing, and this custom he maintained till near the end. As an author the late Professor is best known by his "Principles and Practice of Surgery," a work which has passed through three editions in this country, and as many as five editions in America. Some years ago, when acupressure was first introduced by the late Sir James Simpson, Dr. Pirrie espoused the subject rather warmly, and, along with his colleague Dr. Keith, wrote a pamphlet on the subject, besides putting the method largely in practice. Mr. Lister's system has in great measure obviated the necessity for this method of closing bloodvessels; but till the last Dr. Pirrie insisted upon the importance and value of Simpson's discovery. His contributions to THE LANCET were numerous, and so late as August we published his last contribution to medicine, in his address to the North of Scotland Medical Association, of which he was president. Throughout his long career Dr. Pirrie has conducted a practice so large that only his lion-like strength could be equal to it. Unfortunately for his own comfort, he did not confine himself to surgery, and, indeed, was to the last in great part occupied as a general practitioner. Ill-natured remarks were frequently made regarding this feature of his work, but we can at least admire the determination with which he struggled through an almost overwhelming amount of toil. His practice was, perhaps, the most extensive ever held by one man north of Edinburgh, and, if we are not mistaken, so was his income. Both these circumstances gave him a justifiable pride, but it was only his closer friends who knew of this satisfaction. As an operator he was, perhaps, scarcely brilliant, but a man decided in action, and whose every cut had its decided purpose. It was a treat to see him trim a stump: one cut did this.

During his long and distinguished career Professor Pirrie had many honours heaped upon him. He was peculiarly gratified when, in 1875, the University of Edinburgh conferred upon him the honorary degree of LL.D. The Clinical Society of London a few years ago elected him an honorary member, and since 1877 he has been surgeon in Scotland to H.R.H. the Prince of Wales. Perhaps the honour which he valued most was the warm regard of his students, and many evidences of this he continued to receive from men who in after life had been distinguished and useful. Students are not usually slow in detecting their best friends in the professoriate, and they felt sure of their interests being regarded so long as Professor Pirrie had a seat in the Senatus. He warmly supported his colleague, Dr. Struthers, in his endeavour to raise the necessary funds to provide bursaries for the medical students, and in every way assisted by his counsel and influence the friends of progress in the teaching of medicine. His enthusiasm in this direction was well shown in the recent establishment of the Chair of Pathology, as it is well known that Sir Erasmus Wilson's regard for his old friend induced him to place reliance on Dr. Pirrie's views regarding the direction of his munificence.

So long ago as 1847 Dr. Pirrie was appointed surgeon to the Aberdeen Infirmary, an office which he held till, in 1880, he resigned his position as senior surgeon, and was elected consulting surgeon to the institution. His work at the infirmary he looked upon as secondary only to the work of his Chair, and the regularity and devotion with which he carried out these duties were remarkable when the amount of his practice was considered. Of such a practical man it is needless to say that he thoroughly entered into the clinical part of his teaching. Not contented with the enormous field of labour occupied by him professionally, Dr. Pirrie found time to devote to many objects of philanthropic or religious interest. Several local institutions, and more especially the Young Men's Christian Association, owe much of their vitality to his advice and assistance, while in private he was most helpful to many struggling creatures.

Dr. Pirrie leaves a widow and a family of seven. Of these, three sons are in the medical profession: Dr. William Pirrie of Bournemouth, Dr. George Pirrie of the Indian Army, and Dr. Gordon Pirrie of Aberdeen, the last of whom, along with Dr. Burridge, attended the deceased professor during his last illness.

Dr. Pirrie was accorded a public funeral by the authorities, and how well the public sentiment had been interpreted was shown by the enormous concourse which accompanied the remains from Marischal College, to which, in accordance with an old custom, the body had been removed. The Lord Provost, Magistrates and Council, the University authorities, a large number of students, and the members of the Medico-Chirurgical Society walked in procession, while the sympathising crowd was supposed to number thirty thousand.

BRIGADE-SURGEON T. M. BLECKLEY, M.D., C.B.

DR. BLECKLEY was the son of the late Rev. John Bleckley, M.A. He was born in 1828, was educated at Trinity College, Dublin (B.A. 1852, M.D. 1865, M.A. and LL.B. 1872), and was hon. F.K.Q.C.P. He entered the Army Medical Department as Assistant-Surgeon in 1854, became Surgeon-Major in 1863, and retired on half-pay in 1880 as Brigade-Surgeon. He served in the Crimean campaign, 1855 (medal, with clasp, and Turkish medal), and in the Ashantee war, 1873–4 (mentioned in despatches, and medal). When secretary to the Inspector-General of Hospitals, British Forces, in India, he was twice thanked by the Governor-General in Council for professional services. He married in 1865 Lydia, daughter of Andrew Hamilton, Esq., of Coxtown, co. Donegal, and was created C.B. in 1874. The deceased had long suffered from grave incompetency of the aortic valve. This condition induced a train of distressing symptoms, which, although they were borne with much exemplary resignation, had of late deprived life of all its savour. He died of syncope on November 23rd at his residence, Lorne House, Upper Norwood, leaving a widow and five children to cherish the memory of a devoted husband and father. Outside his family circle, many will lament the loss of a friend whose genial, kind, and gentle disposition supplemented a blameless life.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed the examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 23rd:—

Cunnington, Cecil W., Bartholomew-road, Kentish Town.
Peskett, Alfred Freeman, Leyton, Essex.
Serjeant, George, Lewannick, Cornwall.
Tiseman, Arthur Lumley, Howden, Yorkshire.

The following gentlemen also on the same day passed the Primary Professional Examination:—

Arthur Edwin Huxtable, Charing-cross Hospital; Ernest William Phillips, Guy's Hospital; Fredk. Owen Y. Roosmale Cocq, University College.

The following gentleman passed the examination and received a certificate to practise on Nov. 16th:—

Dalton, Arthur John, Albert-road, South Norwood.

THE proceeds of the Hospital Sunday collection at Hastings amount to £517.

THE foundation-stone of the new infirmary at Chelmsford was laid on Tuesday.

LAST week at Greyabbey, county Down, the skeleton of an Irish elk was discovered by some men working in a bog. The antlers from each extremity measure about ten feet.

COLLECTIONS were taken last Sunday in most of the churches in Belfast on behalf of the Royal Hospital of the town.

THE cutlers and surgical instrument makers of London have resolved to form themselves into a trade association.

MR. TIMOTHY L. WALFORD, M.R.C.S., L.S.A.L., late medical officer of the workhouse of the Reading Union, has received a superannuation allowance of £87 a year.

OVARIOTOMY IN AN INFANT.—Dr. Hingston, of Montreal, recently removed an ovarian tumour from a child two years of age. The patient was doing well at last account.

MISS ELIZABETH KNOX has left £250 to the Adelaide Hospital, £200 to the City of Dublin Hospital, £200 to Meath Hospital, £200 to the Hospital for Incurables, and £150 to the Rathdown Hospital.

THE GUEST HOSPITAL, DUDLEY.—The report of the general committee, read at the annual meeting of the subscribers and friends of this institution held on Nov. 21st, stated the income of the past year to be £2017, and the expenditure £3224. The benefits of the charity had been participated in by a larger number of patients than in any year, with the exception of 1880. Last Hospital Sunday 1500 visits from friends of the patients were paid, and the sum collected on that occasion at the doors amounted to £8 5s.

THE public charitable hospitals of the city of New York contain a total of 5108 beds, the largest being the Emigrant Hospital with 1200 beds, the Charity Hospital coming next with 990 beds. The various private hospitals have a capacity of 2302, and the lunatic hospitals of about 3000.

THE QUEEN AT NETLEY.—Her Majesty, accompanied by the Duke of Connaught, the Duke of Albany, and Princess Beatrice visited Netley Hospital on Wednesday. The Queen, conducted by General Sir Charles Pearson and the medical staff, stopped at the bed of every wounded soldier, addressing to him words of sympathy and bestowing upon him a decoration. The Royal party returned to Windsor in the evening.

THE ROYAL SOCIETY.—At the anniversary meeting of the Fellows of the Royal Society, held on Thursday at Burlington House, the Copley Medal, awarded at a previous meeting, was presented to Professor Cayley, F.R.S., of Cambridge, for his numerous researches in pure mathematics; and a Royal Medal to Professor Flower, F.R.S., of the Royal College of Surgeons, for his valuable contributions to the morphology and classification of the mammalia and to anthropology.

A CENTENARIAN.—Miss Sarah Apted, residing at Fern Villa, Garlands-road, Redhill, attained on the 20th ult. the great age of 100 years, she having been born at Reigate on December 2nd, 1782. There is no doubt about the authenticity of her age, as the entry of her birth and the date may be found in the books of Reigate Parish Church. We are informed by Mr. W. A. Berridge that this venerable old lady enjoys very fair health, gets up and dresses herself every day, has a good appetite, and occasionally takes and enjoys a glass of port. She has only one useful eye, having lost the other, as she says, "from inflammation, in the month," meaning in the first month of her life.

BOOKS ETC. RECEIVED.

BLACKIE & SON, London, Glasgow, Edinburgh, & Dublin.
The Imperial Dictionary of the English Language: a complete Encyclopedic Lexicon, Literary, Scientific, and Technicological. By John Ogilvie, LL.D. New Edition, carefully Revised and greatly Augmented. Edited by Charles Annandale, M.A. Illustrated by above 3000 Engravings printed in the text. Vol. IV. With Supplement and Appendix.

BLAKISTON, SON, & CO., Philadelphia.
Speech and its Defects. By Samuel O. L. Potter, M.A., M.D. pp. 117.

CASSELL, PETTER, GALPIN, & CO., London, Paris, and New York.
The History of the Year: a Narrative of the chief events and topics of interest from Oct. 1st, 1881, to Sept. 30th, 1882. pp. 568.

CHARPENTIER, G., Paris.
La Prostitution. Par Yves Guyot, Membre du Conseil Municipale de Paris. pp. 596.

CHURCHILL, J. & A., London.
Practical Chemistry: Analytical Tables and Exercises for Students. By J. Campbell Brown, D.Sc. Lond. Second Edition. pp. 52.
A Treatise on Diseases of the Liver, with and without Jaundice. By George Harley, F.R.S. pp. 1136. Illustrated with Coloured Plates and Woodcuts.
Spinal Curvature. By R. Heather Bigg, Assoc. Inst. C.E. pp. 128. Illustrated.

COLLINS, SONS, & CO., London and Glasgow.
Drink and Strong Drink: a Series of Readings for Schools and Families. By B. W. Richardson, M.D., LL.D., F.R.S. pp. 150.

LONGMANS, GREEN, & CO., London.
Common British Insects, selected from the typical Beetles, Moths, and Butterflies of Great Britain. By the Rev. J. G. Wood, M.A. pp. 284. With 130 Engravings.
Magnetism. By Thos. P. Treglohan, Head Master, St. James's Science and Art Schools, Keyham. pp. 56. Illustrated.
Quain's Elements of Anatomy. Edited by Allen Thomson, M.D., F.R.S., E. A. Schäfer, F.R.S., and G. D. Thane. In Two Vols. Ninth Edition. pp. 747—947. Profusely Illustrated.
The Transactions of the Clinical Society of London. Vol. XV. pp. 321. With 10 Plates.
Short Studies on Great Subjects. By J. A. Froude, M.A. Fourth Series. pp. 396.

MACMILLAN & CO., London.
On the Relation of the Chest-movements to Prognosis in Lung Disease. By Arthur Ransome, M.D. pp. 160. With Illustrations.

MASSON, G., Paris.
Des Tumeurs de l'Ovaire et de l'Utérus, leur Diagnostic et leur Traitement. Par T. Spencer Wells. Traduit de l'Anglais par le Dr. Paul Rodet. Avec une Préface par Prof. Simon Duplay. pp. 502.

NEW SYDENHAM SOCIETY.
Atlas of Portraits of Diseases of the Skin. Fasc. XVI.

OLIVER & BOYD, Edinburgh.
Transactions of the Medico-Chirurgical Society of Edinburgh. Vol. I. pp. 188.
Transactions of the Edinburgh Obstetrical Society. Vol. VII. pp. 161. Illustrated.

SAVY, F., Paris.
Maladies par Ralentissement de la Nutrition. Par Prof. Ch. Bouchard. Recueilli et publié par le Dr. H. Frémy.

STANFORD, EDWARD, London.
Transactions of the Sanitary Institute of Great Britain. Vol. III. Editors: H. C. Burdett, F.I.S., F.S.S., and F. S. B. F. de Chaumont, M.D., F.L.S. pp. 195.
Water and its Teachings in Chemistry, Physics, and Physiography. A Suggestive Handbook. By C. Lloyd Morgan, F.G.S. pp. 216.

Colburn's United Service Magazine, No. 648.—The Murmurs of Debility in the Pulmonary and Tricuspid Areas; by W. Russell, M.B.—Zeitschrift für Biologie; von M. v. Pettenkofer und C. Voit; XVIII. Band, 2 Heft.—The Germ Theory of Phthisis Verified; by William Thomson, F.R.C.S. (Sands & McDougall, Melbourne.)—Reduplication of the Cardiac Sounds; by James Barr, M.D., L.R.C.S.Ed. (Dobb, Liverpool.)—Metropolitan Sewage, and what to do with it; by Edw. Monson, Assoc. M. Inst. C.E. (Prentice & Monson.)—Some Points on the Administration of Anæsthetics; by G. H. Roué, M.D.—A Plea for Medical Providence, and the Prevention of Disease in General Practice; by W. F. Phillips, Physician and Surgeon. (Wyman.)—On the Practical Working of Direct Vaccination from the Calf; by Dr. Benj. Browning.—Cassell's Illustrated Almanack, 1883.—Our Happy Family; being the Little Folks' Annual for 1883. (Cassell & Co.)—Journal of Cutaneous and Venereal Diseases, Nov.—Nouveau Ligne de la Grossesse; par le Dr. G. Jarissenne.—The Scottish Review, No. I.—Life (Christmas Number).—Longman's Magazine, No. II.—Good Words, Dec.; Sunday Magazine, Dec., with Christmas No., "Nobody's Neighbour." (Isbister & Co.)—Milk, its Adulterations, Analysis, &c.; by D. J. Morris, Baltimore.—Index Medicus, Vol. IV., No. X.—La Prediliezione dei Tubercoli per gli Apici Polmonari e la Ginnastica Respiratoria; del Cav. Dott. Ottavio de Stefano.—Microbes in Fermentation, Putrefaction, and Disease; by Charles Cameron, M.D., LL.D. (Baillière, Tindall, & Cox.)—Patagonia de la Febre Amarilla; por el Dr. Carlos Finlay.—Health Lectures for the People: No. I., Ventilation; by Dr. D. Maclagan. (Macniven & Wallace, Edinburgh.)—The Leisure Hour, Sunday at Home, Boy's Own Paper, Girl's Own Paper (with the Christmas Carillon), for December.—Student's Pocket Prescriber; by Aubrey Husband. (Livingstone, Edinburgh.)

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

BATESON, J. F., M.B., C.M.Edin., has been appointed Resident House-Surgeon to the Liverpool Royal Infirmary.

BEATLEY, WM. CRUMP, M.B.Durh., M.R.C.S., L.S.A.Lond., has been appointed Resident Medical Officer to Charing-cross Hospital.

BICKLE, L. W., L.R.C.P., M.R.C.S., has been appointed Non-resident House-Physician to St. Thomas's Hospital.

BRADSHAW, T. R., M.D.Dub., has been appointed Resident House-Surgeon to the Liverpool Royal Infirmary.

BRAILEY, WM. ARTHUR, M.D.Camb., M.R.C.S., has been appointed Assistant Ophthalmic Surgeon to Guy's Hospital.

COOPER, G. F., M.R.C.S., L.R.C.P., has been appointed Assistant House-Surgeon to St. Thomas's Hospital.

COTTER, JEREMIAH, M.D., M.Ch., has been appointed Assistant-Surgeon to the Cork North Infirmary.

CREMEN, P. J., M.D., has been elected Physician to the Cork North Infirmary.

EAMES, JOHN DAVEY, L.R.C.P.Lond., M.R.C.S., has been appointed Medical Officer to the Workhouse of the Driffield Union, vice Scotchburn, deceased.

FELL, W., M.A., M.B.Oxon., L.R.C.P., M.R.C.S., has been appointed Assistant Non-resident House-Physician to St. Thomas's Hospital.

GRACIE, C. B., M.R.C.S., has been appointed Resident House-Physician to the Liverpool Royal Infirmary.

HAIG-BROWN, C. W., M.R.C.S., L.S.A.Lond., has been appointed House-Surgeon to St. Thomas's Hospital.

HERN, WM., M.R.C.S., L.D.S.Eng., has been appointed Demonstrator of Cohesive and Contour Filling to the Dental Hospital of London.

HIGGENS, CHARLES, F.R.C.S.Eng., has been appointed Ophthalmic Surgeon to Guy's Hospital, vice C. Bader, resigned.

JONES, D. LLEWELLYN, M.R.C.S., has been appointed Resident Assistant Surgical Officer to Charing-cross Hospital.

JONES, WANSBROUGH, M.A., M.B.Oxon., M.R.C.S., has been appointed House-Physician to St. Thomas's Hospital.

LOWE, T. P., M.R.C.S., has been appointed Resident House-Physician to the Liverpool Royal Infirmary.

MACLEAN, CHARLES, M.D., M.Ch.Aber., has been appointed Medical Officer to the Epworth District of the Thorne Union.

MARLOW, F. W., M.R.C.S., L.S.A.Lond., has been appointed Ophthalmic Assistant to St. Thomas's Hospital.

MILLIGAN, WILLIAM, L.R.C.P.Ed., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer to the South Norwood District of the Croydon Union.

NETTLESHIP, EDWARD, F.R.C.S.Eng., has been appointed Assistant-Surgeon to the Royal London Ophthalmic Hospital, Moorfields, vice Lyall, deceased.

RIDPATH, D., M.D., C.M., has been appointed Medical Officer of Health for the Urban Sanitary District of Great Driffield.

SUTTON, S. W., M.B.Lond., M.R.C.S., L.R.C.P., has been appointed Resident Accoucheour to St. Thomas's Hospital.

THOMPSON, EDMUND JOHN, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer to the Sixth District of the Ashby-de-la-Zouch Union.

TREASURE, W. B. C., L.S.A.Lond., has been appointed Resident Assistant Medical Officer to Charing-cross Hospital.

TYRRELL, WALTER, L.R.C.P.Lond., M.R.C.S., has been appointed Junior Anæsthetist to St. Thomas's Hospital.

WELLS, A. E., M.B.Lond., M.R.C.S., L.R.C.P., has been appointed House-Physician to St. Thomas's Hospital.

WHITE, E. F., M.R.C.S., L.S.A.Lond., has been appointed House-Surgeon to St. Thomas's Hospital.

WIGAN, C. A., M.R.C.S., L.S.A.Lond., has been appointed Resident Obstetrical Officer to Charing-cross Hospital.

WILLIAMS, E. R., M.R.C.S., L.R.C.P.Lond., has been appointed Assistant Medical Officer to the Derby Amalgamated Friendly Societies' Medical Association.

WILSON, A. H., M.R.C.S., has been appointed Resident House-Surgeon to the Liverpool Royal Infirmary.

WRIGHT, GEORGE ARTHUR, B.A., M.B.Oxon., F.R.C.S.Eng., has been elected Honorary Assistant-Surgeon to the Royal Infirmary, Manchester, vice Mr. J. Hardie, promoted to Honorary Surgeon.

WYBORN, S. BARGRAVE, M.R.C.S., L.S.A.Lond., has been appointed Resident Surgical Officer to Charing-cross Hospital.

Births, Marriages, and Deaths.

BIRTHS.

DOUGLAS.—On the 24th ult., at Newbury, the wife of W. T. Parker Douglas, B.A., M.B.Cantab., of a son.

GANDY.—On the 23rd ult., at Hill Top, Gipsy-hill, S.E., the wife of William Gandy, M.R.C.S., of a daughter.

ILES.—On the 23rd ult., at Watford, the wife of Wilson Iles, M.D., of a son.

MACSWINEY.—On the 16th ult., at Corradino, Malta, the wife of Surgeon-Major MacSwiney, M.D., Army Medical Department, of a daughter.

ORR.—On the 21st ult., at Worlaston, Wellingboro', the wife of James W. Orr, of a son.

WEST.—On the 25th ult., at Wimpole-street, W., the wife of Dr. S. West, of a daughter.

MARRIAGES.

BATCHELOR—HAWKINS.—On October 12th, at Port Elizabeth, Cape Colony, George Arthur Batchelor, M.B., &c., late Resident Physician of London Hospital, to Beatrice, eldest daughter of the late Dr. J. S. Hawkins, of London.

MACDONALD—MACDONALD.—On the 2nd ult., at the Free Church, Esplanade, Bombay, by the Rev. Robert Jeffrey, Duncan Macdonald, B.Sc., M.D., Professor of General Biology, Elphinstone College, Bombay, to Mary H. Macdonald, third daughter of the late Rev. John Macdonald, Free Church, Fearn, Ross-shire.

MULLIN—FINCO.—On the 28th ult., at the Church of Our Lady of Seven Dolours, James Mullin, M.A., M.D., M.Ch., L.M., late Q.C.I., of Cookstown, to Annie, widow of the late Eusebio Finco, of Rome.

POPPELWELL—LEWIS.—On the 23rd ult., at St. Peter's Church, Harrogate, George Bell Poppelwell, Brigade Surgeon, Army Medical Department (Retired), to Ann, widow of Samuel Lewis, Esq., of Rowley Regis, Staffordshire, elder daughter of the late Joseph Laing, Esq., of Tynemouth, Northumberland.

ROBERTSON—FRASER.—On the 21st ult., at Tornaveen, Aberdeenshire, Douglas Argyll Robertson, M.D., F.R.C.S.E., of Charlotte-square, Edinburgh, to Frances Garden Carey, youngest daughter of Wm. N. Fraser, Esq., of Tornaveen.

SMITH—CHAMPNEYS.—On the 20th ult., at the Parish Church, Stepney, Dr. Frederick A. A. Smith, son of Dr. Smith, of Portland House, Cheltenham, to Anna Maria Mundell, only daughter of Alexander Mundell Champneys, M.R.C.S., of Hanbury-street, London.

STUART—AINSLIE.—On the 21st ult., at Lansdowne-crescent, Edinburgh, T. P. Anderson Stuart, M.D., Professor of Anatomy in the University of Sydney, to Lizza, third surviving daughter of Archibald Ainslie, Esq., of Dodridge, East Lothian.

DEATHS.

BLECKLEY.—On the 23rd ult., at Lorne House, Upper Norwood, T. M. Bleckley, M.D., C.B., Brigade Surgeon, Army Medical Department aged 52.

BRAID.—On the 22nd ult., at Lawnswood, Burgess-hill, Sussex, after a few days' illness, James Braid, M.D.Edin., aged 60.

BUCKLE.—On the 19th ult., John Buckle, M.R.C.S., of Great Bardfield, Essex, aged 26.

CHADWICK.—On the 19th ult., at Beckenham, Kent, of typhoid fever, James Chadwick, only son of James Chadwick, of York, and late student at Guy's Hospital, S.E., aged 19.

CROSS.—On the 18th ult., at Carlton House, Scarborough, Richard Cross, M.D., F.R.C.S., J.P., aged 64. R.I.P.

MACK.—On the 21st ult., Robert Litguard, son of Robert Mack, L.R.C.S.I., L.S.A., of 26 and 28, St. Paul's-road, N.

PAUL.—On the 20th ult., at Kelso, James, son of J. Paul, M.D., of Barnes, Surrey, aged 39.

PEARSON.—On the 20th ult., at St. Luke's-road, Bayswater, Francis Pearson, Deputy Surgeon-General, Bengal Army (retired), aged 56.

PIRRIE.—On the 21st ult., at 253, Union-street, Aberdeen, William Pirrie, M.D., LL.D., Emeritus Professor of Surgery in the University of Aberdeen, and Surgeon in Scotland to H.R.H. the Prince of Wales. Friends will kindly accept this (the only) intimation.

WORBOYS.—On the 23rd ult., at Blackfriars-road, Thomas Sanders Worboys, M.R.C.S., L.S.A., aged 45.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

Medical Diary for the ensuing Week.

Monday, Dec. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.

ROYAL INSTITUTION.—5 P.M. General Monthly Meeting.

MEDICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Heneage Gibbes will give a Demonstration on Bacilli and on the manner of Staining them.—Dr. C. Theodore Williams, "On a Case of Bronchiectasis treated by Tapping."

Tuesday, Dec. 5.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2 P.M.

PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. The following specimens will be shown:—Fatty Degeneration of Walls of the Heart; Acute Dilatation of Stomach; Photographs and a Living Patient with Osteitis Deformans; Congenital Malformation of the Heart; Stricture of Intestine; Tubercles of Liver; Joints from a Case of Scarlet Fever; Malformation of Heart; Excessive Deformity from Rachitic Osteomalacia; Disseminated Polypi of Colon; Polypus of Rectum; Polypus of Small Intestine; Disseminated Abscesses in Liver of Python and of Kangaroo.

Wednesday, Dec. 6.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.

ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.

ST. MARY'S HOSPITAL.—Operations, 1½ P.M.

LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.

GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.—Skin Department: 1.45 P.M., and on Saturday at 9.15 A.M.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—8 P.M. Dr. Edward C. Seaton, "On the Influence of Small-pox Hospitals, illustrated by the recent behaviour of Small-pox in Nottingham."

OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Specimens will be shown by Dr. Cleveland, Dr. Edis, Dr. Galabin, and others.—Dr. Hopkins Walters, "On a Case of Post-partum Avulsion of the Uterus, Right Ovary, and Fallopian Tube; followed by recovery."—Dr. A. Wynn Williams, "On a Case of Ruptured Perineum; improved method of operating."—Dr. Edis, "On a Case of Epithelioma of the Cervix Uteri, Pregnancy, Cæsarian Section; Recovery."—Mr. J. Knowsley Thornton, "On a Case of Extirpation of Uterus and Appendages for Epithelioma of the Cavity."

Thursday, Dec. 7.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M.

NORTH-WEST LONDON HOSPITAL.—Operations, 2½ P.M.

HARVEIAN SOCIETY.—Harveian Lectures: Mr. Henry Power, "On Ophthalmic Medicine and Surgery in relation to General Practice."

Friday, Dec. 8.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.

CLINICAL SOCIETY OF LONDON.—Mr. Godlee, "On Three Cases of Intussusception in Infants treated by Abdominal Section."—Dr. Coxwell, "On the Case of a Child with Symptoms resembling those of Myxœdema" (patient will be shown).—Mr. Nunn, "On a Case of Necrosis of the Hyoid Bone and Larynx."—Mr. Davies-Colley, "On a Case of Enormous Enlargement of the Lower Lip, cured by Operation."—Cases of Pseudo-hypertrophic Paralysis in Adults will be shown by Dr. T. H. Green and Dr. J. K. Fowler.

Saturday, Dec. 9.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.

[illegible]AL FREE HOSPITAL.—Operations, 2 P.M

METEOROLOGICAL READINGS.

(Taken daily at 5.30 a.m. by Stewart's Instruments.)

THE LANCET OFFICE, Nov. 30th, 1882.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Nov. 24	29·25	W.	50	48	..	54	46	·05	Raining
,, 25	29·29	W.	43	42	..	49	39	·02	Overcast
,, 26	29·34	W.	47	45	..	49	38	..	Cloudy
,, 27	29·81	N.W.	38	36	..	45	33	..	Foggy
,, 28	29·94	N.W.	40	37	..	45	34	..	Cloudy
,, 29	29·71	N.W.	44	43	..	47	32	·22	Overcast
,, 30	30·04	N.E.	42	40	..	44	37	·04	Overcast

Notes, Short Comments, and Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

SEASIDE CONVALESCENT HOMES FOR CHILDREN.

THIS movement is making progress in Germany, and the result of this year's work having encouraged the promoters of the scheme to extend the circle of their operations, a large institution is intended to be built at Norderney. The Emperor of Germany has contributed £12,500 on the understanding that a like sum is collected before the end of 1883 by means of the voluntary offerings of the German nation. The plan of the institution does not include (according to the *Cologne Gazette*) the strictly gratuitous support of the children, a small weekly payment being expected. It is thought that this institution will be opened in 1884.

Medicus.—Our correspondent would seem, from the statement forwarded to us, to have good ground for refusing to continue to carry out his part of the contract. But the questions are legal. A good arbitration would be the best way out of the difficulty.

"VICARIOUS MENSTRUATION."

To the Editor of THE LANCET.

SIR,—In answer to a letter in your issue of to-day, under the title of "Vicarious Menstruation," will you give me space for a few remarks. It seems to me that Dr. Morris has jumped to the conclusion that he has to deal with a case of vicarious menstruation, with scarcely any grounds for doing so. He appears to have called his case one of vicarious menstruation because he was at a loss to explain the hæmorrhage otherwise. "She does not appear to be plethoric and the heart sounds are healthy," he says, as if these were the only causes (besides vicarious menstruation) of hæmorrhage from the parts he mentions. From what I gather from his letter I conclude that the hæmorrhage occurred in August only, and that there has been no monthly recurrence. Because hæmorrhage occurred last August from the eyelids, nose, and mouth of a woman who appears healthy, except that she does not menstruate regularly, surely we are not justified in saying that it is a case of vicarious menstruation. The fact that the menstrual flow is irregular and scanty does not favour the idea that hæmorrhage was "vicarious of menstruation." If the menstrual flow had been natural before and had failed or diminished at the time of the hæmorrhage, the fact would have been worth mentioning in favour of its being so. The fact that the pain in the right eye is constant, points rather to some local cause of the hæmorrhage. It is as well that Dr. Morris has "determined" to watch the case; and it will be interesting to know whether the hæmorrhage recurs, and at what intervals. Also whether it is accompanied by any of the symptoms which commonly precede or accompany the menstrual flow. Should hæmorrhage occur again I should advise the use of hazeline.

I remain, Sir, yours truly,

London, Nov. 18th, 1882. R. J. COLLYNS.

THE NEW YORK POST-GRADUATE MEDICAL SCHOOL.

THIS school (says the New York *Medical Record*) had a very successful inauguration at Chickering Hall on November 4th. Dr. Wm. A. Hammond presided, and delivered the opening address. He said that the course of study for medical students in American colleges rarely lasts more than three years, and in that time it is simply impossible for a student to gain sufficient knowledge to enable him to practise his profession intelligently and safely for his patients. If the student wishes to excel, and is wealthy, he may go to Europe and there complete his studies, or, in some instances, he may enter a hospital and there gain a practical knowledge of his work; but the great majority are obliged to go out into the world without being well grounded in the principles of their profession. Medical science, too, is progressive, and it is difficult for a practitioner to keep pace with the progress of the science. It is not agreeable for him to attend the lectures to the undergraduates, and even if it were, he would not get what he wants there. It is to provide for the wants of such men and to give them a higher clinical education than they can secure in our colleges that the Post-graduate School has been organised.

Dr. G. Stanley Murray.—We should have a published report of the case before the county court judge. It is clearly not desirable to comment on an *ex parte* statement.

THE TREATMENT OF BRONCHOCELE.

To the Editor of THE LANCET.

SIR,—Since no notice has been taken of the fatal case of cystic bronchocele reported by Mr. Herbert Smith in your issue of Nov. 4th, allow me to point out that the treatment recommended by Dr. Mackenzie was not pursued, since Mr. Smith employed a dilution—or, as he calls it, a solution—of iron tincture, which, in the absence of any statement as to its free acid having been neutralised, is, even without the consideration of the presence of alcohol, a very different thing from an aqueous solution of the neutral salt, as recommended by Dr. Mackenzie. I have myself employed this treatment repeatedly, and have never had a fatal case; nor do I know of any on record when Mackenzie's treatment has been exactly pursued, except the one reported by him, in which immediate death resulted from entrance of air into a vein. The precautions he has since prescribed should effectually prevent recurrence of such an untoward accident. As a matter of practice it is also well, having found by experiment with a grooved needle that the case is cystic, to continue then and there the curative treatment by injection. In this instance two tappings and aspirations had been performed at short intervals before the final operation. Beyond all this, it must be very clear to anyone who reads the case that there was not a free exit for the matter, since after death the cyst ruptured, discharging half a pint of fetid pus into the mouth. In point of fact, the success of the treatment in destroying the blood-cyst and promoting suppuration is strikingly exemplified, and the patient, as the French surgeon had it, "died cured."

It may be useful to point out that the writer of the article on goitre in Dr. Quain's recently published Dictionary of Medicine makes the same mistake as Mr. Smith in recommending the tincture. He further gives the opinion that in the treatment of goitre by seton the patient may continue his ordinary occupation. I can only hope that no surgeon will follow this advice, certainly not without taking note of the temperature of his patient, which, until suppuration is established, generally varies from two to four degrees above the normal.—I am, Sir, your obedient servant,

Nov. 13th, 1882. CHIRURGUS.

P.S.—Mr. Herbert Smith's reference to Vol. II. of the Clinical Transactions is inaccurate, or inaccurately printed. It should be Vol. VII.

B.A. Dub.—The name is not to be found either in the Medical Register or the Medical Directory for the present year.

Mr. Williams (Portsmouth).—The paper is marked for insertion.

Dr. Lerat (Nantes).—We cannot exchange.

DIET OF NURSING MOTHERS.

To the Editor of THE LANCET.

SIR,—I read with much interest your annotation on milk and alcohol. The use of stimulants and the best diet for nursing on is frequently brought before us. I have usually advised as the most suitable that mode of living which experience has taught the mother has kept her in the best health when not nursing, and such an admixture of fruit and vegetables as will prevent the necessity of taking aperient medicines. Stimulants are to be looked upon as condiments. If a glass of ale or stout makes her enjoy her meals, and consequently digest them better, it is to be preferred to water, which would make them less enjoyable, and diminish the salivary secretion. The popular custom of drinking stout to increase the flow of milk is an error; if it does act as a lactagogue, it is like feeding cows on brewers' grains—the quantity of milk is greater, but with the sacrifice of its quality and nutritive value, and therefore no gain to the infant. The use of stronger stimulants is most to be deprecated. The best drink, I believe, for a nursing woman, to stimulate the glands and produce a more abundant and, at the same time healthy secretion of milk, is thin barley gruel made with milk.

I am, Sir, yours faithfully,

November 14th, 1882. D. H. G.

EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS.

AT the half-yearly examination for the Fellowship of the College, on the 23rd, 24th, and 25th ult., there were sixteen candidates, of which number nine are reported to have been successful. At the corresponding period last year there were twenty-five candidates, seventeen of whom were referred for one year. The following were the questions on Pathology, Therapeutics, and Surgery submitted to the candidates at the written examination on the 23rd ult., when they were required to answer all four questions, between 1.30 and 5.30 P.M. :—

1. What do you understand by the term organisation of blood-clot? Describe fully the process to which, in your opinion, the expression may be applied.
2. Describe the causes, and discuss the treatment, of secondary hæmorrhage after amputation through the middle of the thigh.
3. What are the diseases to which the thyroid gland is liable? Give their diagnosis and treatment.
4. Describe the various surgical affections consequent on locomotor ataxy and their diagnosis.

The names of the successful candidates cannot be published until they have been submitted to the Council, at its next meeting on the 14th instant.

ON TRANSFUSION.

To the Editor of THE LANCET.

SIR,—Undoubtedly I should feel, and I really think I do feel, a sense of obligation to Mr. W. H. Fenton-Jones for so kindly, so courteously, and with so much generosity and disinterestedness favouring your readers with his opinions on my transfusion apparatus. And especially so as he has gone to the great trouble of elaborating that opinion from the evidence furnished by an imperfect woodcut.

One little circumstance, however, unfortunately, in a small but appreciable degree, detracts from the weight of his erudition. The London Hospital is the head-quarters of the "salino-alcoholic" disciples. There it is that "the many objections inherent in blood transfusion" are considered to render it an operation which should never be performed, at least not whilst salino-alcoholic fluid is the hobby. There also it is that Mr. Jennings' "syphon"—which I have had the pleasure of seeing and of hearing described by himself—is used; where, with it, the "fluid" has stood the test of two cases, which is, no doubt, an unnecessarily prolonged succession of successes to establish the foregone conclusion that the "salino-alcoholic" fluid is the only fluid, and Mr. Jennings' "syphon" the only instrument. Mr. W. H. Fenton-Jones is, or was very recently, resident accoucheur at the London Hospital.

My indebtedness would have been, if possible, enhanced had he kindly gone to the further trouble of avoiding an imaginary quotation from my article. He says, "I cannot conceive that it is a very facile matter, alone and unassisted, to retain both cannulæ in the veins of the donor and receiver of blood with one hand, &c." Certainly it would not be a facile matter. It would be a feat which I for one should neither attempt nor suggest. What I wrote was that with my apparatus skilled assistance was not necessary. The operation, if to be performed at all by the country practitioner, must be such that available assistance may suffice where skilled assistance is unobtainable.

Mr. Jones considers my "diverticulum" ingenious, but that "surely it may be a source of some trouble in that it will want some dexterity to empty the branch of the air it originally contained." I stated that all that was needed was to charge the instrument with the air chamber downwards. The "trouble" and "dexterity" requisite for this procedure would, I think, not place any very severe strain on the surgeon. He adds, "Again, the diverticulum will be useless, as far as arresting air is concerned, unless it can be kept upright, or nearly so, throughout the operation." Notwithstanding his opinion, at every angle above the horizon, air, if present, is arrested by it. Mr. Jones argues that "it is impossible to predict that the receiver requires so many ounces, or that the donor can give so much." Quite so, but his deduction seems to be that therefore no advantage accrues from my transfusor measuring the quantity transmitted. Differing from him, I regard as highly convenien a record of the quantity of fluid injected. Again, he urges that in the cases "which the accoucheur and general practitioner most frequently have to face" the dynamic effect "is the sole effect which is desired." How then does it happen that the ever-to-be-praised "salino-alcoholic fluid" does not normally take the place of blood, if the oxygen carriers—the red corpuscles—perform a function of no significance?

Notwithstanding the many objections which Mr. Jennings, of the London Hospital, considers "inherent in blood transfusion," many successful cases are on record in which death was otherwise inevitable; and the lesson taught is that the two dangers attendant on the operation are the injection of air and the formation of coagula. The first I have overcome by the use of an air receiver; the second by preparing the blood of the donor before it is drawn from his vein. I have proved by repeated experiment that the administration of as large a dose of ammonia and of a saline as can well be tolerated, ten minutes before blood is allowed to flow, very conspicuously retards coagulation.

It is devoutly to be wished that the successes of the advocates of the syphon may be multiplied, and that therewith may dawn a consciousness of the fact that, although their treatment of the very distressing cases which point to this operation may be good, it does not by any means follow that it is either the only scientific one or the best.

I am, Sir, yours faithfully,

Meadowfield House, near Durham, J. F. LE PAGE.
November 20th, 1882.

M.B. London.—An analysis of the candidates at the recent examination for the Bachelorship of Medicine shows that out of 52 who presented themselves for examination 41 passed, the rejections amounting to rather over 21 per cent. Of those who passed we find that 13 came from University College (and of these 8 were in the first division), 8 from St. Bartholomew's (2 in the first division), 7 from Guy's (all in the first division), 4 from Owens College (2 in the first division), 3 from King's College (1 in the first division), and 1 each from the Westminster, St. Mary's, St. Thomas's, Leeds, the Royal Free, and the London School of Medicine for Women. This was the first occasion on which ladies had presented themselves for a final medical examination. There were two lady candidates, who were both successful, one being in the first and the other in the second division.

Dr. J. B. Gill.—We have not heard of the decease of the person mentioned.

"INUNCTION IN SCARLATINA."

To the Editor of THE LANCET.

SIR,—Seeing that there is much controversy and difference of opinion at present carried on in your valuable journal on the above subject, will you allow an insertion of the following, which appeared in the *Gazette Hebdomadaire* of April 1st, 1859, written by M. Scoutetten, of Metz:—

"Many precautions have been adopted by physicians to prevent the unfortunate sequelæ of scarlatina and measles, and the confinement to the sick room for several weeks after convalescence ranks among them. I have adopted the following plan: As soon as convalescence commences, that is to say, when the skin is no longer red with the eruption, I rub over the whole body, slightly warmed, oil of sweet almonds or olive oil, and put the patient in bed again for two hours. The next day I give him a tepid bath for an hour, and then place him in bed, and if the skin is very dry a new friction with the oil is made. These two frictions and one bath are usually enough to remove all danger; still, in severe cases, it is well, to avoid any risk, to repeat the means indicated from time to time, until the skin regains its suppleness. These precautions taken, convalescents may be permitted to go out without fear of bad results. In order to justify this method and explain its importance, it is necessary to remember the state of the skin in persons affected with measles or scarlatina. At the commencement of the disease the dermis is thick and swollen; during convalescence the tissues return to their normal condition, but the epidermis, which has been distended, not being elastic, becomes detached, and falls off in the shape of fine powder when the attack has been slight, and of large scales (desquamation) when it has been severe, and more especially is this noticed in scarlatina. The skin beneath is dry and harsh; perspiration and transpiration are badly performed, and the functions of this important organ are either impeded or suspended altogether for a time. When the skin acts badly, the kidneys and the mucous membranes of the air passages or of the digestive apparatus undertake to supply its place; thence arise a thickened sedimentous and often albuminous urine and severe diarrhœa, which generally terminate in emaciation and death; obstinate cough, sore-throat, croup, pneumonia, pleurisy with effusion; finally serous infiltrations into the areolar tissue of the limbs, and effusion into the various serous membranes. These severe symptoms occur after an exposure to cold of the skin, which inflammation has rendered more sensitive, and the functions of which are interfered with by an inert epidermis, which obstructs its pores. The object of the treatment proposed by M. Scoutetten is to oppose the causes of these symptoms."

I am, Sir, your obedient servant,

London, Nov. 23th, 1882. EDWARD A. BURGESS.

To the Editor of THE LANCET.

SIR,—In reply to "Cutis" on the above subject, I would say that inunction in scarlatina is an old but efficient adjunct. I have for many years been in the habit of having my scarlet fever patients greased with pure lard from the commencement. It relieves the dryness and mitigates the great heat of the skin, and when the peeling commences it not only protects the denuded skin, but forms a nidus for the poison-laden scales, and prevents or retards the latter from causing further mischief. When this plan has been faithfully carried out I have seldom had any kidney trouble with my cases. In my opinion the neglect to oil, unless some precaution is taken during desquamation, produces renal trouble. The patient gets exposed with his denuded skin, and immediately the escape of the fever poison through the pores of the skin is checked, which consequently is directed to the kidneys in larger quantities than they can bear, giving rise to acute desquamative nephritis. The oil gives warmth and promotes the healthy action of the skin.

I am, Sir, yours faithfully,

H. ISAAC JONES, L.R.C.P., &c.

Scranton, Pa., U.S.A., Nov. 27th, 1882.

To the Editor of THE LANCET.

SIR,—Some years since (Jan. 7th, 1870) you permitted me to point out in your pages that restoration of skin action in febrile conditions was more completely and permanently effected by anointing than by the warm bath. How, then, can inunction, with consequent free skin action, have "a bad effect upon the kidneys"?

I am, Sir, yours faithfully,

Camden-road, N.W., Nov. 15th, 1882. H. G. KNAGGS.

STRAMONIUM.

To the Editor of THE LANCET.

SIR,—In your issue of November 4th, page 744, a case is reported from the Bristol Royal Infirmary, under the care of Dr. Shingleton Smith, of poisoning by berries of stramonium (datura stramonium or thorn apple). In the first place, I would draw attention to the fact that datura stramonium has no berries. In the second place, that in poisoning by stramonium, dryness of throat is a common and persistent symptom. Even a small dose of tincture of stramonium will in some people occasion a very disagreeable dryness of the fauces.

I hoped some other reader of THE LANCET would have noted these errors, for, in the interest of toxicology, cases of this kind ought to be fully reported, both as to the real nature of the poison taken and the action of the antidotes employed, as in this case attention is drawn to the antagonism manifested by morphia to stramonium. I would also note the large dose of morphia injected—viz., one-sixth of a grain, the child being only seven years of age.

I am, Sir, yours faithfully,

Derby, Nov. 18th, 1882. T. CARTER WIGG, M.D.

Dr. Lafan.—The communication forwarded is not sufficiently explicit as to the precise nature of the complaint.

TOBACCO-SMOKING: A HINT.

To the Editor of THE LANCET.

SIR,—I have only to-day seen your excellent article on the physiological effects of tobacco. Although accustomed to smoking for the last twenty years, I believe it has lately had a somewhat pernicious effect upon me; I, however, do not wish to give up my customary smoke, and for some time past I have smoked only cigarettes of my own make. I use the ingenious Concinnum machine, which enables one to use paper mouthpieces. Into the mouthpiece I insert a small plug of cotton-wool; the smoke being drawn through this filtering medium is, I think, almost entirely deprived of all noxious matter, and enters the mouth deliciously cool and not deprived of its aroma. I think if other smokers would try this method they would recommend it with advantage to some of their patients to whom the deprivation of tobacco would be a hardship.

I am, Sir, yours faithfully,

Bethel-street, Norwich, Nov. 17th, 1882. H. TURNER, M.R.C.S.

H. D.—The subject is taught at nearly all the medical schools.

A. X. G.—We do not prescribe.

"PAINFUL MICTURITION."

To the Editor of THE LANCET.

SIR,—Your correspondent on the above subject has, I should infer from reading his letter, failed to make a careful and correct diagnosis in his case—the essence of successful treatment. It is possible, should the diagnosis be a villous tumour in the bladder, that great benefit may be secured to the patient by the following treatment. An injection of nitrate of silver, well diluted with lukewarm water, should be used twice a day, combined with the warm hip bath. I can testify to the success of this plan of procedure in a most formidable case of tumour of the bladder, concerning the nature of which there could be not the least doubt. Combined with this I should advise the internal administration of Fellows's syrup of the hypophosphite of iron.

I am, Sir, yours very truly,

Bath, Nov. 23th, 1882. M.R.C.S. ENG.

Mr. Bradburn (Eccles).—The full recipe was given in our last issue.

M.D. (Tunbridge Wells) has not enclosed his card.

HAZELINE IN PROLAPSUS ANI.

To the Editor of THE LANCET.

SIR,—A widow lady, aged about forty years, has suffered for several years with prolapsus ani of a severe character, attended with frequent hæmorrhage. About a fortnight ago the bleeding was very profuse, so much so that wine and brandy had to be given to her frequently to keep life in her. All remedies had been tried by her medical attendant, Mr. Hutchings, of Southborough, and failed to arrest the hæmorrhage for any time. I wrote and advised them to try hazeline, and found it had just been tried with great success, all bleeding having stopped, and there has been no return of it. The patient is recovering.

I am, Sir, yours, &c.,

Lewes, Nov. 15th, 1882. G. HOTHER, M.R.C.S.

An Australian Surgeon's letter is unavoidably held over till next week.

Dr. H. Bruce (Edinburgh).—Yes.

INSTITUTION FOR DUMB BOYS.

To the Editor of THE LANCET.

SIR,—I shall be obliged if any of your readers will inform me where there is a Protestant institution for dumb boys, and also let me know the charges, &c. I am, Sir, yours truly,

Darwen, Nov. 27th, 1882. JOHN H. WRAITH.

MEDICAL PRACTICE IN THE COLONIES.

To the Editor of THE LANCET.

SIR,—Your correspondents frequently write to you for information respecting medical practice in Australia. As I have had experience both in England and Australia I think I may justly draw a comparison and express an opinion which may be useful to those who wish for information on the subject.

I, like many others, came rushing out here to the colonies some months ago thinking that a fortune was to be made as easily as putting up a door-plate. The realities, however, I soon found to be far less rosy than I had anticipated. I found expenses excessively heavy, patients few, and bad debts almost as numerous as my patients. Instead of receiving encouragement from my professional brethren, I was regarded as an unwelcome intruder, and treated accordingly. But extraordinary circumstances somewhat favoured me, and, chiefly through the failure of some of my less fortunate brethren, I was enabled to tide over the worst and get a fair start. I am so situated that I am compelled to remain here for a time, which I trust will be short, for I regret ever having left the old country. The cities and larger towns are overcrowded with doctors, and fresh arrivals are pouring in. In the city where I am there are enough to satisfy all requirements for the next ten years at least, and it must be remembered that the population of the whole of the Australian colonies, including New Zealand, is a million less than that of London. Since I have arrived numerous others have come and gone. Some have failed financially, others have come to grief even more ignominously, and others have passed on elsewhere. Besides this excess of the "legally qualified" there is a large body of gentlemen possessing obscure foreign diplomas, continental and American, whose sense of professional honour is very conveniently small and permits them to resort to such tricks as underbidding in fees and quiet slander in order to obtain practice, and many of them thrive well. The laxity of the medical laws here allows these gentlemen extraordinary latitude, which they are not slow in taking advantage of, and with the most barefaced impudence. This may, perhaps, in some measure, account for the deplorable degeneration of professional etiquette amongst those from whom better things might have been expected. The universities of Melbourne and Sydney are educating more for the profession than is sufficient to supply the wants of all the colonies, and yet, besides these, numbers go to British universities and return here to practise, and having their circle of friends and relatives here they do better than a stranger would. So numerous are doctors here that I do not know of more than two or three whose practice is sufficiently large to necessitate employing assistants; hence, young fellows who have not sufficient money to buy a practice or to start a new one have not the chance of obtaining a post as assistant. Public appointments are exceedingly few compared to the host of applicants, and it is here that the system of underbidding is so frequently resorted to. Only a few months ago I had a letter from a fellow student who had tried his luck in another of the Australian colonies, and, after several weary months of waiting, is compelled to return to England very much poorer than he left it.

My advice, therefore, to those in search of a field for practice is to seek it elsewhere. If a man wishes to try practice in Australia, he should be possessed of means sufficient to keep him afloat for three or four years in the face of heavy expenses, and have patience enough to last a considerably longer period. I am, Sir, yours truly,

Australia, Oct. 13th, 1882. COLONIAL.

To the Editor of THE LANCET.

SIR,—If a "Physician and Surgeon" (inquiring in your issue of to-day for information *re* New Zealand) will address me a letter to the care of the Bank of New Zealand, Queen Victoria-street, London, I can give him every information, having resided in both islands, and knowing the country and people well.—I am, Sir, your obedient servant,

November 25th, 1882. EDWARD ELLIS.

Medical Officer of Health.—Dr. Murchison some years ago (Path. Trans., vol. xviii.) investigated the nature of the so-called "pig typhoid," and has elsewhere written—"The statement that the 'cattle plague' is pathologically analogous to human enteric fever has been proved to be devoid of foundation; and the same must be said of the so-called 'typhoid or intestinal fever of the pig'" (Treatise on Continued Fevers, 2nd edition, p. 406). We are not aware of any other human disease to which this affection of swine has been compared.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Rev. R. Hammond, Brighton; Mr. Browne, London; Mr. P. Pick, London; Mr. Ikin; Mr. Scott, London; Surgeon-General Johnstone; Dr. Ward Cousins, Portsmouth; Mr. Reginald Harrison, Liverpool; Dr. Charles Finlay, Havana; Mr. A. K. Lewis, London; Mr. Sinclair White, Sheffield; Dr. Murray, Forfar; Mr. Hother, Lowes; Miss Yates; Mr. Khan, London; Dr. Edward Ellis, Southsea; Dr. Charteris, Glasgow; Mr. Messiter, Dudley; Dr. Laffan, Cashel; Mr. Shirley Murphy, London; Deputy Surgeon-General Hydes; Mr. H. J. Jones; Dr. Paffard, New York; Mr. Knowsley Thornton, London; Mr. Arkle, Morpeth; Mr. Fletcher, Highgate; Mr. Wright, Halifax; Mr. Sharpe, Walsall; Mr. Chalmers, Edinburgh; Messrs. Paul and Co., London; Mr. Clement Lucas, London; Mr. Savory, London; Dr. Pavy, London; Mr. E. T. Bennett, London; Mr. Thurston; Dr. Boualra, Etawah; Mr. Gill, Canterbury; Mr. Arthur Price, Paskhurst; Dr. Sinclair Holden, Sudbury; Dr. Gore; Mr. Harries, Aberystwith; Dr. Brailey, London; Dr. Beattie Bain, Dundee; Dr. Stopford Taylor, Liverpool; Mr. Burgess, London; Mr. C. Roberts, London; Dr. Mais, London; Dr. Bruce, Edinburgh; Mr. Eastes, London; Mr. R. N. Khory, Bombay; Omicron; J. B. W.; B.A. Dub.; A.M.D.; An Australian F.R.C.S.; M.R.C.S. Eng.; M.B., C.M.; Enesis; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Joyce, Letterkenny; Messrs. Macmillan and Co., Cambridge; Mrs. Hendry, Southsea; Messrs. Christy and Co., London; Mr. Sampson, York; Mr. Delworth, Whittingham; Mr. Llanwarne, Hereford; Dr. Waters, Liverpool; Messrs. Theobald, Leicester; Messrs. Kensington and Co., London; Mr. Kerr, Glasgow; Mr. McCardy, Portrush; Mr. Jardine, Merthyr Tydfil; Mr. Wylie, Belfast; Mr. Kinder, Leicester; Mr. Bate, Plymouth; Dr. Morton, Guildford; Messrs. Cooks and Son, Leamington; Mr. Blackburn, Barnsley; Messrs. Butterfield and Son, Northampton; Dr. Norton, Bournemouth; Mr. Clayton, Newcastle-on-Tyne; Mr. Crockets, Smethwick; Mr. Clegg, Watford; Miss Luttichau, Holloway; Mr. Hayward, Whitstable; Mr. Bowden, Clifton; Dr. Tompkins, Walsall; Mr. Stephens, Winchcombe; Mr. Anderson, Guntar; Dr. Telford, Manchester; Mr. Compfield, Stoke Newington; Mr. Evans, Carmarthen; Dr. Willis, Monmouth; Dr. Woakes, London; Medicus, Wandsworth; Torpedo; T. H., Camden-town; Principal, Seaford; C. S. W.; W. V., Hampstead-road; 93, Camberwell-road; Lady Superintendent, Ashford; L.R.C.P.; M.; J. B.; Mrs. G., Stoke Newington; D. C., Guildford; Alpha, Stamford-bridge; Medico, Rotherhithe; W. R.; B. C. P., Manchester; Egypt; Humerus, New-town; Osmond, Blanavon; M.P.; Medicus, Idle; A.B.; H.; Ensor, York; Iatros, London; B. W. W.; Medicus, St. George's-road; M.D., Portland-place; New North-road; Proximo; Phædo; Country Doctor; N. B.; Worthing; Bourne; &c. &c.

Bradford Observer, Port Elizabeth Telegraph, Southend Standard, Daily Free Press, Flintshire Observer, La Hygiène, Western Morning News, Citizen and Evening Chronicle, Gardeners' Magazine, Warehousemen's and Drapers' Trade Journal, Westminster and Chelsea News, Dudley Herald, Lymington Chronicle, Dundee Advertiser, Wexford Independent, &c., have been received.

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